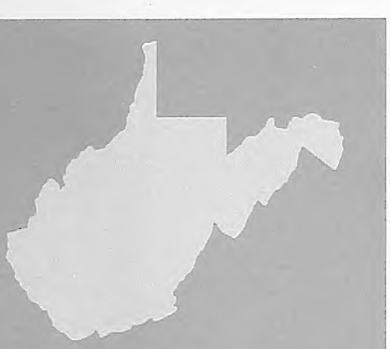


West Virginia Minority Health Chart Book

1999

Cecil H. Underwood
Governor

Department of Health and Human Resources
Joan E. Ohl
Secretary

Bureau for Public Health
Henry G. Taylor, M.D., M.P.H.
Commissioner

Office of Community and Rural Health Services
Mary J. Huntley
Director

Office of Rural Health Policy
Sandra Y. Pope
Director

December 1999

Permission to quote from or reproduce materials from this publication is granted when due acknowledgment is made.

Acknowledgments

Many people contributed to the production of this book. Numerous hours were spent dreaming and planning this product into existence. All of those involved were driven by a commitment to having a sound basis for understanding and planning targeted interventions to improve the health of West Virginia's racial and ethnic minority populations. Every single participant contributed with due diligence to the final product.

Data:	Alan Holmes, Dan Christy, Eugenia Thoenen and Mark Shabandy of the Office of Epidemiology and Health Promotion.
Data and Design:	Melissa Baker, Ann Munson, Nawal Lutfiyya and staff of the Division of Research, Evaluation and Planning in the Office of Maternal and Child Health.
Narrative and Design:	Savolia Spottswood of the Minority Health Program in the Office of Rural Health Policy.
Review and Edit:	State Interagency Minority Health Council

Henry G. Taylor, M.D., M.P.H, Commissioner - Bureau for Public Health
Mark Ferrell, Public Information Officer - Bureau for Public Health
Mary J. Huntley, Director - Office of Community & Rural Health Services
Sandra Y. Pope, Director - Office of Rural Health Policy
Savolia Spottswood, Coordinator - Minority Health Program
Loretta Haddy, Director - Division of Surveillance & Disease Control
Nawal Lutfiyya, Director - Division of Research, Evaluation and Planning
Alan Holmes, Director - Office of Epidemiology & Health Promotion
Dan Christy, Director - Health Statistics Center
Eugenia Thoenen, Special Studies Coordinator - Health Statistics Center
Renate Pore, Project Director - WV Community Voices Project,
University System of West Virginia

Contacts

For additional copies & information on minority health issues in WV, contact:

Office of Rural Health Policy
Minority Health Program
350 Capitol Street, Room 515
Charleston, West Virginia 25301-3712
Savolia Spottswood, M.S., Program Coordinator
Phone: (304) 558-1327
Fax: (304) 558-1437
E-mail: savolia@wvdhhr.org

For additional information on Vital Statistics and BRFSS, contact:

Office of Epidemiology & Health Promotion
Health Statistics Center
350 Capitol Street, Room 153
Charleston, West Virginia 25301-3712
Phone: (304) 558-9100
Fax: (304) 558-1553
Administration: Dan Christy E-mail: danchristy@wvdhhr.org
Vital Statistics: Tom Light E-mail: tomlight@wvdhhr.org
Behavioral Risk Factor Surveillance Survey (BRFSS):
Fred King E-mail: fredking@wvdhhr.org

For additional information on the PRAMS Research Project, contact:

Office of Maternal & Child Health
Division of Research, Evaluation & Planning
350 Capitol Street, Room 414
Charleston, West Virginia 25301-3712
Phone: (304) 558-7996
Fax: (304) 558-3510

For additional information on Cancer Registry, STD and HIV/AIDS data, contact:

Office of Epidemiology & Health Promotion
Division of Surveillance & Disease Control
350 Capitol Street, Room 125
Charleston, West Virginia 25301-3712
Phone: (304) 558-5358
Fax: (304) 558-6335

Cancer Registry:	Beverly Keener	E-Mail: beverlykeener@wvdhhr.org
STD:	Lila Thomas	E-mail: lilathomas@wvdhhr.org
HIV/AIDS:	Loretta Haddy	E-mail: lorettahaddy@wvdhhr.org

Preface

Under the guidance of the West Virginia Bureau for Public Health's Minority Health Program, this chart book has been prepared as a reference to assist health care planners and policymakers in developing strategies to improve the health of West Virginia's minority populations. The book is divided into five sections: introduction, maternal and child health, behavioral risk factors, morbidity and mortality, and appendix. Where possible, comparisons are provided between West Virginia and the United States as well as between different racial groups (e.g., African Americans and Caucasians). Definitions of terms and explanations of rates, as well as descriptions of the data sources, are located in the Technical Notes section at the end of the book.

Table of Contents

I. Introduction.....-1-

Commonly Asked Questions.....-2-

Highlights.....-4-

Social Determinants of Health.....-6-

Demographics of Minority Populations.....-7-

II. Maternal and Child Health.....-9-

Figure 1: Fertility Rates by Race and Age
West Virginia 1992-1996 & United States 1996.....-10-

Figure 2: Infant Mortality Rates by Race
West Virginia 1992-1996 & United States 1996.....-11-

Figure 3: Percentage of Births to Unmarried Mothers by Race
West Virginia & United States 1996.....-12-

Figure 4: Trimester of Prenatal Care Entry by Maternal Race
West Virginia Resident Births 1996.....-13-

Figure 5: Total Number of Prenatal Care Visits by Maternal Race
West Virginia Resident Births 1996.....-14-

Figure 6: Percentage of Selected Natality Factors by Maternal Race
West Virginia Resident Births 1996.....-15-

Figure 7: Percentage of Selected Factors Among Births to African American Women, West Virginia & United States 1996.....-16-

Figure 8: Percentage of Selected Pregnancy and Delivery Factors by Race
West Virginia Resident Births 1996.....-17-

Figure 9: PRAMS Data on Women Delivering Infants 1991-1997
Race by WIC Participation During Pregnancy.....-18-

Figure 10: PRAMS Data on Women Delivering Infants 1991-1997
Race by Medicaid Before Pregnancy.....-19-

Figure 11: Women Delivering Infants 1991-1997 Race by Intendedness of Pregnancy.....-20-

Figure 12: PRAMS Data on Women Delivering Infants 1991-1997
Race by Breast-feeding.....-21-

II. Behavioral Risk Factors.....-22-

Figure 13: Percentage of Respondents with Health Care Coverage by Race
BRFSS, West Virginia 1995-1997 & United States 1996.....-23-

Figure 14: Self-Assessment of Health Status by Race
BRFSS, West Virginia 1995-1997 & United States 1996.....-24-

Figure 15: Percentage of Respondents Who Are Overweight by Race
BRFSS, West Virginia 1995-1997 & United States .....-25-

Figure 16: Percentage of Respondents with High Cholesterol by Race
BRFSS, West Virginia 1995-1997 & United States 1996.....-26-

Figure 17: Percentage of Respondents Who Are Current Smokers by Race
BRFSS, West Virginia 1995-1997 & United States 1996.....-27-

Figure 18: Percentage of Respondents with High Blood Pressure by Race
BRFSS, West Virginia 1995-1997 & United States 1996.....-28-

Figure 19: Respondents Who Participated in Physical Activity by Race
BRFSS, West Virginia 1994-1996 & United States 1996.....-29-

Figure 20: Percentage of Respondents Who Have Diabetes by Race
BRFSS, West Virginia 1995-1997 and United States 1996.....-30-

IV. Morbidity and Mortality.....-31-

Figure 21: Percentage of Reported AIDS & HIV Cases by Race
West Virginia Residents (at Time of Diagnosis).....-32-

Figure 22: Percentage of Chlamydia & Gonorrhea Cases by Race
West Virginia Residents 1994-1997.....-33-

Figure 23: Percentage of ESRD Incidence and ESRD Dialysis Prevalence
By Race, West Virginia 1997.....-34-

Figure 24: Percentage of Dialysis Patient Mortality by Race
West Virginia 1996.....-35-

Figure 25: Cancer Incidence Rates by Race
West Virginia Resident 1993-1996.....-36-

Figure 26: Cancer Mortality Rates by Race
West Virginia 1986-1995 & United States 1990.....-37-

Figure 27: Heart Disease & Stroke Mortality Rates by Race
West Virginia 1986-1995 & United States 1990.....-38-

Figure 28: COPD, Pneumonia/Influenza & Diabetes Mortality Rates by
Race, West Virginia 1986-1995 and United States 1990.....-39-

Figure 29: Unintentional & Intentional Injury Mortality Rates by Race
West Virginia 1986-1995 and United States 1990 .....-40-

Figure 30: Average Age at Death Among Males For Selected Causes by Race West Virginia Resident Deaths 1992-1996.....-41-

Figure 31: Average Age at Death Among Females for Selected Causes by Race, West Virginia Residents 1992-1996.....-42-

Figure 32: YPLL Rates for Selected Leading Causes of Mortality by Race, West Virginia 1986-95 & United States 1990.....-43-

Figure 33: YPLL Rates for Unintentional & Intentional Injury Mortality by Race.....-44-

Figure 34: Distribution of Leading Causes of YPLL Among Whites West Virginia Resident Deaths 1992-1996.....-45-

Figure 35: Distribution of Leading Causes of YPLL Among African Americans, West Virginia Resident Deaths 1992-1996.....-46-

VI. Appendix .....-47-

Technical Notes.....-48-

Minority Health Initiatives in West Virginia.....-50-

Healthy People 2000 Progress Review for African Americans in West Virginia.....-51-

References.....-52-

I. Introduction

1. Why are there special efforts to determine the health status of minorities in West Virginia?

- President's Initiative on Race.
- U.S. DHHS: Initiative on Eliminating Disparities in Health, 1998.
- Significant differences in health status for racial and ethnic minorities.
- Evidence that race and ethnicity correlate with health disparities.
- Large health disparities between minorities and the Caucasian population.
- Racial and ethnic minorities are expected to grow as a proportion of the total U.S. population over the next 10 years.
- America's health will be influenced by success in improving the health of these racial and ethnic minorities.
- Health disparities for African Americans exist in West Virginia. Behaviors and many diseases are preventable, treatable and changeable.
- Effective, culturally appropriate strategies in promoting health, preventing disease and delivering appropriate care is required.

2. Who is being referred to as "minority"?

African Americans, Asians and Pacific Islanders, Native American Indians, Aleutian & Alaskan Natives, and Hispanics are referenced in state and national data of racial and ethnic minorities. The data in this publication focus primarily on the health status of African Americans compared to Caucasians because available data in West Virginia involves insufficient numbers of other racial and ethnic residents.

3. What is the difference between the terms "race" and "ethnicity"?

The first thing that should be understood about the term "race" is that there is no biological basis for races of humans. In other words, human beings are a race (Homo sapiens). However, through history, the term "race" came to be used as a social and political reference to different groups of humans. Therefore, in its social construct, race is defined as "a group of people united or classified together on the basis of common history, nationality, or geographical distribution" (The American Heritage Dictionary, 1991). Race is also defined as "a local geographic or global human population distinguished as a more or less distinct group by genetically transmitted physical characteristics" (The American Heritage Dictionary, 1991). "Ethnic," according to Webster's, is "of or pertaining to a religious, racial, national, or cultural group." Race is inadequate as a concept to define Black Americans, who range from fair-skinned and blue-eyed with straight hair to dark-skinned with dark eyes and coarse hair. No wonder it is confusing and sometimes difficult to identify a person by race or ethnicity.

4. How many racial and ethnic minorities are there in West Virginia?

Racial and ethnic minorities represent approximately 4.3 percent of the population, an estimated 78,770 people based on the Census Population Estimates: July 1, 1997.

African Americans	3.1%
Hispanics (regardless of race)	.5%
Asians and Pacific Islanders	.5%
Native American Indians	.1%

5. Where are minorities in West Virginia located?

Minority Population by Highest Percent of Population by County

African Americans		Hispanics		Asian & Pacific Islanders		Native Americans	
COUNTY	PERCENT OF POPULATION	COUNTY	PERCENT OF POPULATION	COUNTY	PERCENT OF POPULATION	COUNTY	PERCENT OF POPULATION
McDowell	13.6	Summers	2	Monongalia	2.4	Barbour	1
Raleigh	7.7	Jefferson	1.4	Ohio	.7	Monongalia	1
Jefferson	7.6	Harrison	1.3	Kanawha	.7	Doddridge	.4
Kanawha	6.8	Monongalia	1	Cabell	.6	Morgan	.2
Mercer	6.4						
Fayette	6.3						
Summers	5.7						
Cabell	4.1						

6. What is the mission and role of the WV Minority Health Program?

The **mission** of the West Virginia Minority Health Program is to act as a resource by assisting organizations, health care providers, government agencies and minority communities in decreasing morbidity and mortality, increasing general wellness, and eliminating disparities in health status and access to quality medical care for racial and ethnic minority populations in West Virginia.

The **basic function** of this program is to develop, organize and promote initiatives and opportunities that address racial/ethnic health issues.

Highlights

1. The following causes of death have disproportionately higher rates among African Americans than among Caucasians in West Virginia:

   Diabetes — African American - 53.5 deaths per every 100,000 population
   Caucasian - 23.3 deaths per every 100,000 population

   Homicide — African American - 28.0 deaths per every 100,000 population
   Caucasian - 6.4 deaths per every 100,000 population

   Prostate Cancer — African American - 47.4 deaths per every 100,000 population
   Caucasian - 24.4 deaths per every 100,000 population

2. The 6 leading causes of premature death from 1985-96 were different for African Americans than for Caucasians in West Virginia:

African Americans	**Caucasians**
1. Heart Disease	1. Cancer
2. Homicide	2. Heart Disease
3. Cancer	3. Motor Vehicle Accidents
4. Non-Motor Vehicle Accidents	4. Non-Motor Vehicle Accidents
5. Motor Vehicle Accidents	5. Suicide
6. HIV Infection	6. Birth Defects

3. The percentages of reported cases of AIDS, HIV, chlamydia and gonorrhea among West Virginia residents are disproportionately higher for African Americans when compared to their proportion of the population as a whole. African Americans are only 3.1% of the population in West Virginia. However, African Americans comprise:

   - ☹ **18% of all reported AIDS cases**
     (Data from April 1984 through December 1997)
   - ☹ **38% of all reported HIV cases**
     (Data from January 1989 through December 1997)
   - ☹ **16.4% of all reported chlamydia cases**
     (Data from 1994-1997)
   - ☹ **47.5% of all reported gonorrhea cases**
     (Data from 1994-1997)

4. The **teenage fertility rate** (ages 15 to 19) is disproportionately higher for African American females:
   African American - 76.5 births per every 1,000 females
   Caucasian - 51.9 births per every 1,000 females

5. Only 66.1% of African American pregnant women reported prenatal care in the first trimester, compared to 82.5% of Caucasian women and 80.1% of women of other races.

6. Prenatal visits: Adequate care (at least 11-15 visits)
   46.6% of African American mothers
   65% of Caucasian mothers

7. The percentage of all live births to teenage mothers was considerably higher among African Americans.
   African Americans - 27.2%
   Caucasians - 16.4%
   Other Races - 4.4%

8. Births to unmarried mothers were disproportionately higher for African American mothers (74%), compared to Caucasian mothers (29.9%).

9. 62.5% of African American births were unintentional, compared to 41.2% of Caucasian births. (Data from PRAMS, 1991-1997)

10. The percentage of overweight respondents was higher among African Americans (46.7%) in West Virginia, compared to those in the U.S. (40.2%), and Caucasians in West Virginia (33.0%) and in the U.S. (28.3%). (Data from BRFSS, 1995-1997)

Social Determinants of Health

The overall population of West Virginia is known as having one of the worst health statuses in the nation; yet there are notable health disparities between Caucasian and African American residents. What are the root causes of persistent gaps in health status for people of color? Experts have sought explanations for racial and ethnic differences in health outcomes; many contributing factors have been identified. Some of the differences in health status between groups are explained by looking at social determinants of health. Four factors—genetics, poverty, environment and racism—generally are believed to have the greatest influence on the health of African Americans.

David R. Williams, PhD, is Professor of Sociology, a Faculty Associate in the African American Mental Health Research Center and a Senior Research Scientist in the Institute for Social Research at the University of Michigan, Ann Arbor. His research, which won the 1994 Robert Wood Johnson Foundation Investigator Award in Health Policy Research, focused on the impact of socioeconomic status on the health of the African American population. According to his research, education and, especially, income impact health status the most. However, discrimination and stress also have progressive roles. In summary, racial and ethnic differences in health are related to the following:

- Income markedly, but not wholly.
- "Race-related stress" and perceived discrimination.
- Regardless of race, persistent low income can be an very good predictor of early death.
- Behavioral risk factors explain a small part of income disparities across age, sex and race.

Demographics of Minority Populations

West Virginia has been described as the most southern of the northern states and the most northern of the southern states. Certainly, it has some characteristics of both regions. It is the second most rural state in the nation, with almost two-thirds of the state's 1,826,000 (1996 est.) people living in areas with a population of fewer than 2,500. Rural poverty is widespread with 19.7 percent of the overall population and 26.2 percent of the child population living in poverty, the second highest proportions in the nation for both populations. At 16 percent of the total population, the state has an unusually large elderly population. By race, the elderly population is configured in the following way:

WEST VIRGINIA MINORITY POPULATIONS BY RACE AND SEX FOR PERSONS >=65 YEARS OF AGE 1990 CENSUS DATA

RACE/ETHNICITY	NUMBERS IN POPULATION	
	MALES	FEMALES
AFRICAN AMERICAN	3337	5472
AMERICAN INDIAN, ESKIMO OR ALEUT	97	172
ASIAN OR PACIFIC ISLANDER	97	127
HISPANIC	203	465
OTHER	9	8
TOTAL ELDERLY POPULATION	3743	6244

ELDERLY AS PERCENT OF TOTAL MINORITY POPULATION: 14.8 %

Defined as persons who are African American, Asian, Pacific Islander, American Indian, Alaska Native and Hispanic (regardless of race), racial and ethnic minorities represent approximately 4.3 percent of the population (Census Population Estimates: July 1, 1997), an estimated 78, 770 persons. African Americans are the largest represented minority at approximately 3.1 percent of the total population. There are 55 counties in West Virginia. Presently, the counties with the largest proportion of racial and ethnic minorities are McDowell at 14.2 percent; Raleigh at 8.8 percent; Jefferson at 9.4 percent; Kanawha at 7.9 percent; and Mercer at 7.4 percent. Kanawha County, the most populated county in the state, is home to approximately one in four, or 16,398, of the state's racial and ethnic minority populations.

As in many other parts of the United States, African Americans in West Virginia suffer from poor health and a lack of adequate access to quality medical services. African Americans in West Virginia lag behind the Caucasian population for many health indicators, and the disparities are increasing. Factors contributing to this increasing disparity are income, education, occupation, racism, environment and access to services, both individually and collectively. Household income distribution and the educational attainment of West Virginia's minority populations are depicted in the next two tables.

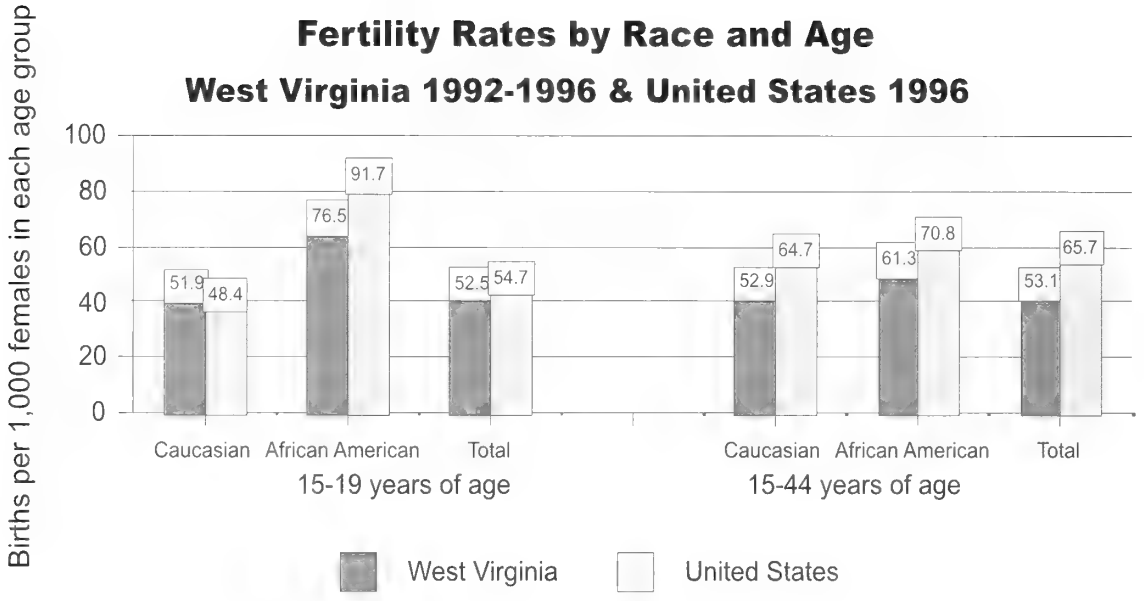
WEST VIRGINIA POPULATIONS BY RACE AND HOUSEHOLD INCOME 1990 CENSUS DATA				
RACE OF HOUSEHOLD	NUMBER AND PERCENT OF HOUSEHOLDS WITH INCOME <$14,999	NUMBER AND PERCENT OF HOUSEHOLDS WITH INCOME $15,000-$24,999	NUMBER AND PERCENT OF HOUSEHOLDS WITH INCOME $25,000-$34,999	NUMBER AND PERCENT OF HOUSEHOLDS WITH INCOME >$35,000
CAUCASIAN	243,927 (37%)	137,154 (21%)	100,929 (15%)	182,057 (27%)
AFRICAN AMERICAN	11511 (55 %)	3754 (18 %)	2616 (12 %)	3214 (15 %)
AMERICAN INDIAN, ESKIMO OR ALEUT	597 (54 %)	178 (16 %)	140 (12 %)	171 (15 %)
ASIAN OR PACIFIC ISLANDER	608 (30 %)	227 (11 %)	210 (10 %)	1083 (53 %)
OTHER	162 (44 %)	49 (13 %)	49 (13 %)	71 (19 %)

WEST VIRGINIA MINORITY POPULATIONS BY RACE AND EDUCATIONAL ATTAINMENT FOR PERSONS >25 YEARS OF AGE 1990 CENSUS DATA						
RACE	EDUCATIONAL ATTAINMENT					
	NUMBER AND PERCENT OF PERSON WITH < HIGH SCHOOL EDUCATION	NUMBER AND PERCENT OF PERSON WITH HIGH SCHOOL EDUCATION	NUMBER AND PERCENT OF PERSON WITH >HIGH SCHOOL EDUCATION, NO COLLEGE DEGREE	NUMBER AND PERCENT OF PERSON WITH ASSOCIATES DEGREE	NUMBER AND PERCENT OF PERSON WITH BA	NUMBER AND PERCENT OF PERSON WITH GRADUATE DEGREE
AFRICAN AMERICAN	11735 (35 %)	11091 (33 %)	5562 (17 %)	1242 (4 %)	2352 (7 %)	1272 (4 %)
AMERICAN INDIAN, ESKIMO OR ALEUT	778 (42 %)	600 (32 %)	239 (13 %)	112 (6 %)	40 (2 %)	80 (4 %)
ASIAN OR PACIFIC ISLANDER	460 (11 %)	501 (12 %)	365 (9 %)	180 (4 %)	891 (22 %)	1708 (42 %)
OTHER	173 (31 %)	140 (25 %)	134 (24 %)	11 (2 %)	57 (10 %)	33 (6 %)

A number of indicators are barriers to at-risk communities receiving adequate access to health care services. High poverty rates and low per capita income cause financial barriers to health care. A large percentage of the state's population is covered by Medicaid and Medicare. Minorities constitute 7 percent of the Medicaid population in West Virginia. In addition, West Virginia has significant numbers of uninsured residents. Inadequate public transportation continues to be a major obstacle for the state's elderly and low income residents. There are no public transit systems outside the urban areas. There are an insufficient number of health care providers. Out of the 55 total counties in West Virginia, 44 are designated as health profession shortage areas (HPSAs) and 47 are federally designated as medically underserved areas (MUAs). These are just some of the factors that contribute to the financial barriers of at-risk communities.

II. Maternal and Child Health

Figure 1



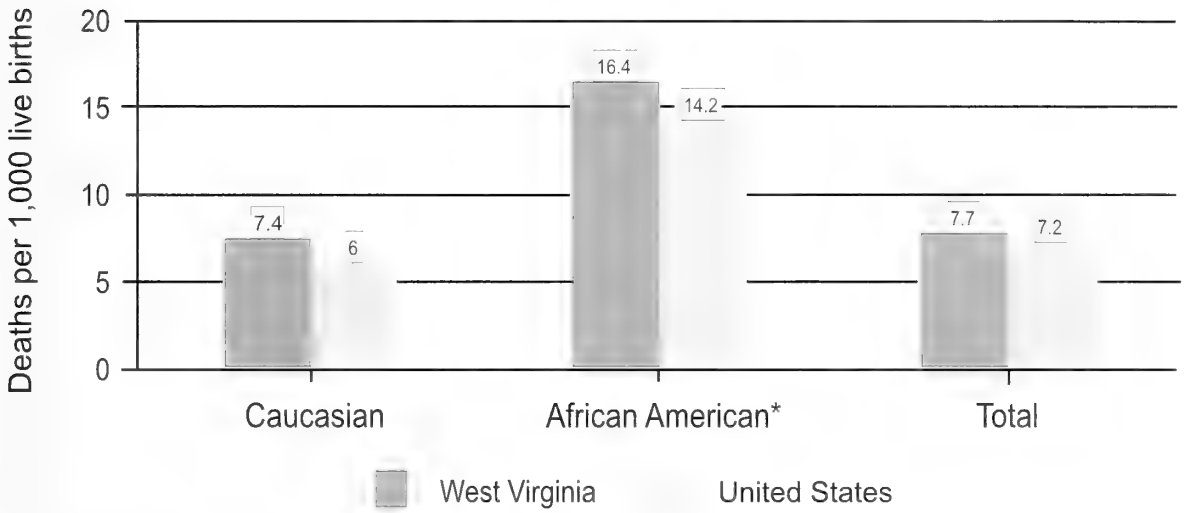
Source of West Virginia Data: Vital Statistics

The average fertility rate among 15-to-19 year old African American females from 1992-96 was disproportionately higher both in West Virginia and the United States when compared to Caucasian females of the same age group (76.5 births per 1,000 African American teenagers vs. 51.9 births per 1,000 Caucasian teenagers). Since African Americans are only 3.1 percent of the total population in West Virginia, the overall 1996 teen birth rate was not markedly impacted (52.5 births for every 1,000 females).

Figure 2

Infant Mortality Rates by Race

West Virginia 1992-1996 & United States 1996

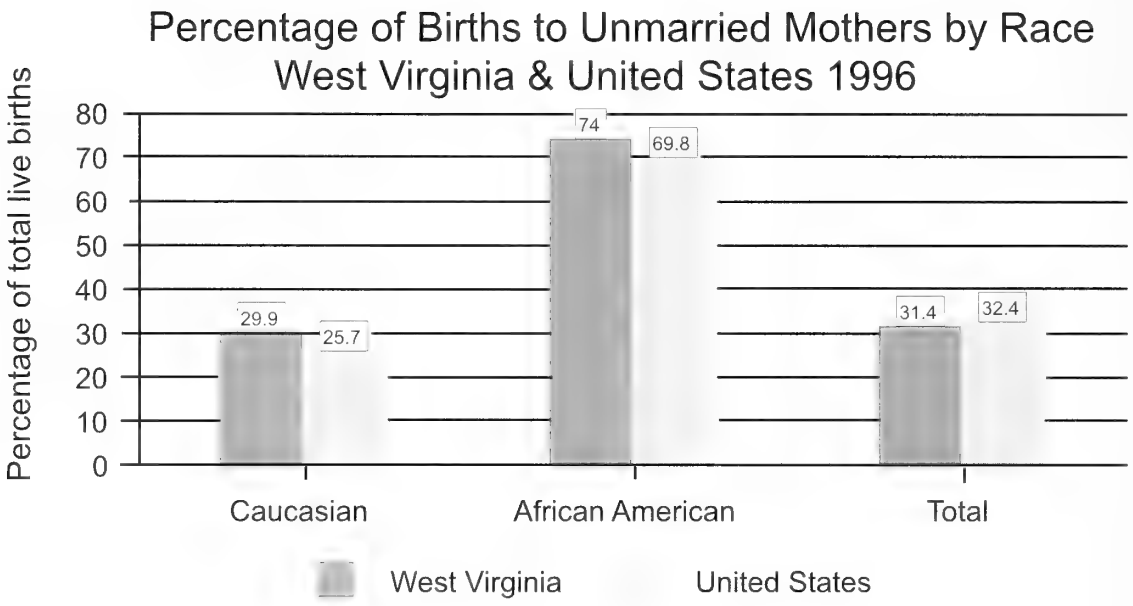


*West Virginia's infant mortality rate is based upon a total of 65 deaths during the five-year period 1992 through 1996.

Source of West Virginia Data: Vital Statistics

The infant mortality rate is the number of infant deaths for every 1,000 live births in a given time period. The 1992-1996 infant mortality rate for African Americans was disproportionately higher than that for Caucasians in West Virginia and the U.S., and slightly higher than African Americans in the U.S. as a whole. (Keep in mind that West Virginia's African American infant mortality rate is based on a total of 65 deaths during the five-year period 1992 through 1996, or an average of 13 deaths per year. Slight fluctuations in the number of deaths can dramatically affect the infant mortality rate when numbers are small.)

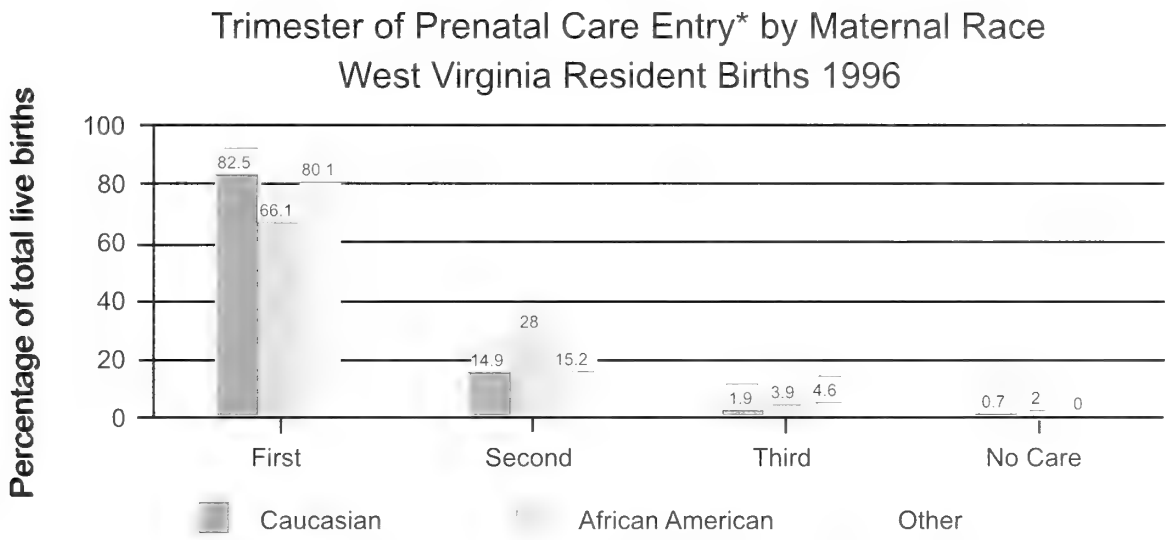
Figure 3



Source of West Virginia Data: Vital Statistics

The percentage of total births in 1996 that occurred to unmarried mothers was slightly higher in West Virginia than in the United States for both Caucasian and African American mothers. However, statewide the percentage of births to unmarried mothers was disproportionately higher for African American mothers (74 percent), compared to Caucasian mothers (29.9 percent).

Figure 4



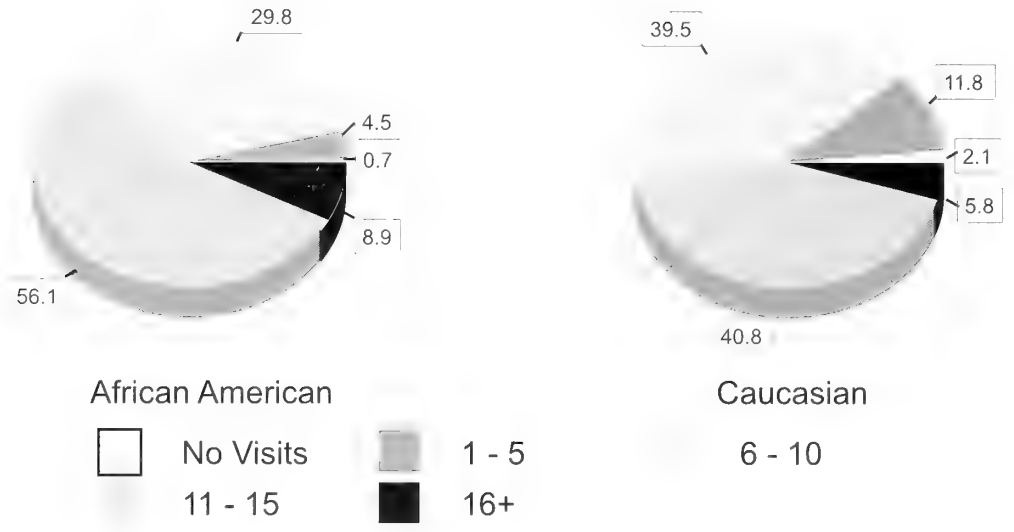
*Births with known prenatal care entry

Source of West Virginia Data: Vital Statistics

African American women who gave birth in 1996 in West Virginia were less likely to obtain first trimester prenatal care than women of other races. Only 66.1 percent of African American mothers reported first trimester care, compared to 82.5 percent of Caucasian mothers and 80.1 percent of mothers of other races.

Figure 5

Total Number of Prenatal Care Visits* by Maternal Race
West Virginia Resident Births 1996

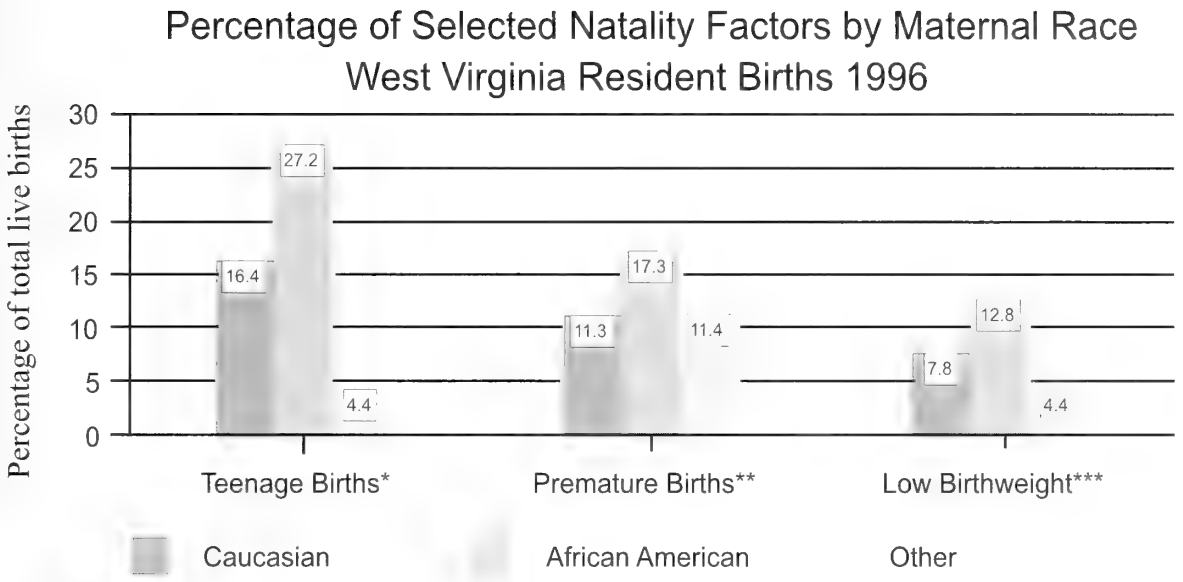


*Excludes unknowns

Source of West Virginia Data: Vital Statistics

The number of prenatal visits to a health care provider considered to be indicative of adequate care is at least 11-15. The pie charts indicate that 46.6 percent of African American mothers in West Virginia had the minimum number of prenatal visits recommended, compared to 65 percent of Caucasian mothers in 1996.

Figure 6

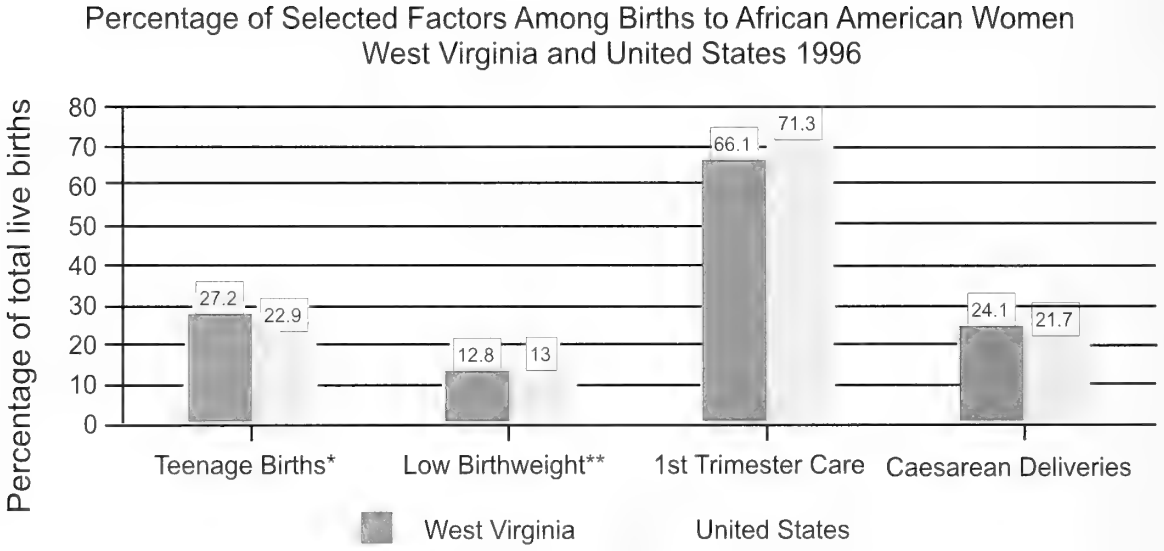


*Mothers <20 years old **Gestational age <37 weeks ***<2,500 grams

Source of West Virginia Data: Vital Statistics

This graph illustrates three factors — teenage births, prematurity, and low birthweight — that can result in negative birth outcomes. African Americans were disproportionately represented in all three factors in 1996. Twenty-seven percent of births to African Americans were to teenage moms, a considerably higher proportion than among Caucasians (16.4 percent) and other races (4.4 percent). Seventeen percent of all births to African Americans were premature, and 12.8 percent were low birthweight.

Figure 7

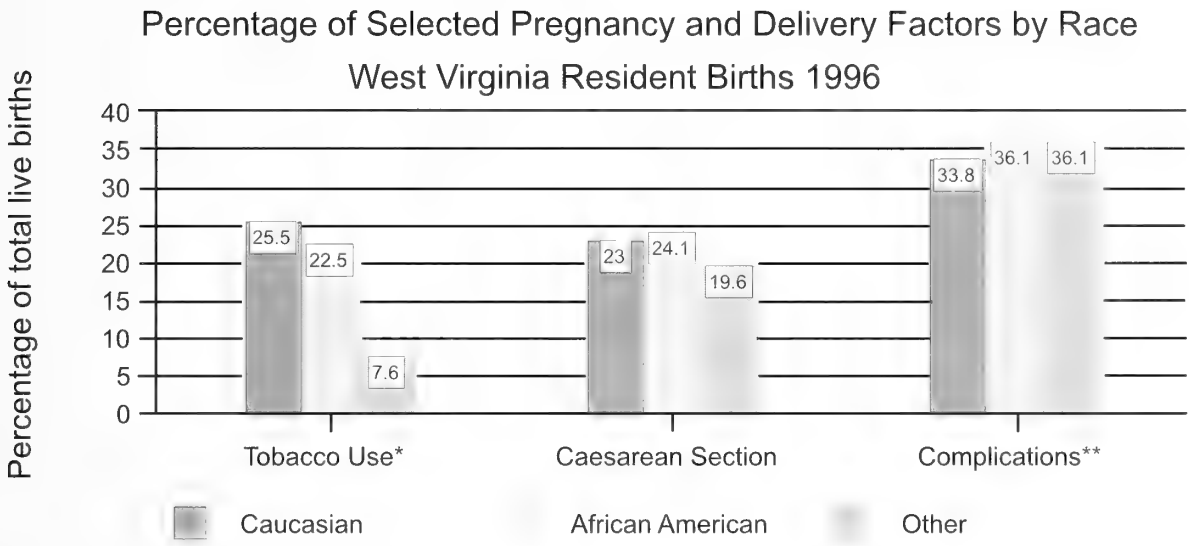


*Mothers <20 years old **<2,500 grams

Source of West Virginia Data: Vital Statistics

According to 1996 data, teenage births and caesarean deliveries among African American mothers constituted a slightly higher percentage of the total live births in West Virginia than in the United States as a whole, while there were similar percentages of low birthweight births. The percentage of African American mothers who received prenatal care in the first trimester was slightly lower (66.1 percent) in the state than nationwide (71.3 percent).

Figure 8



*Cigarette smoking during pregnancy
**One or more complications of labor and/or delivery

Source of West Virginia Data: Vital Statistics

Three pregnancy and delivery factors that can negatively affect birth outcomes are tobacco use, caesarean section, and one or more complications of labor and/or delivery. The percentages of caesarean section (24.1 percent) and complications (36.1 percent) were slightly higher among African American mothers in 1996, while tobacco use was slightly lower (22.5 percent).

Figure 9

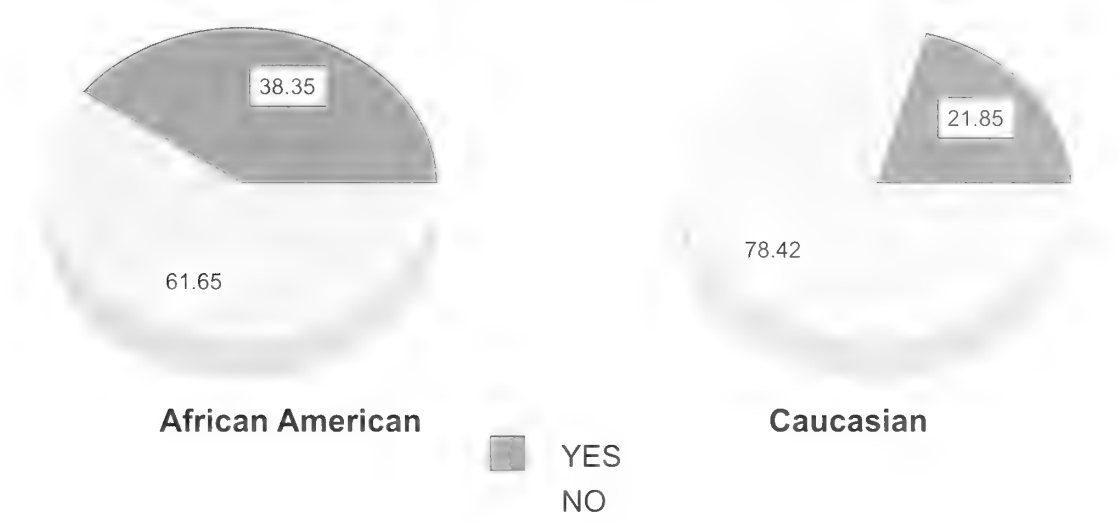
PRAMS Data on Women Delivering Infants 1991-1997
Race by WIC Participation During Pregnancy

PRAMS = Pregnancy Risk Assessment Monitoring System Research Project

Of all African American births in West Virginia, 67.7 percent were to mothers who participated in the WIC program during pregnancy and 32.2 percent were to mothers not participating in the WIC program during pregnancy, compared to 55.4 percent and 44.6 percent of Caucasian mothers, respectively.

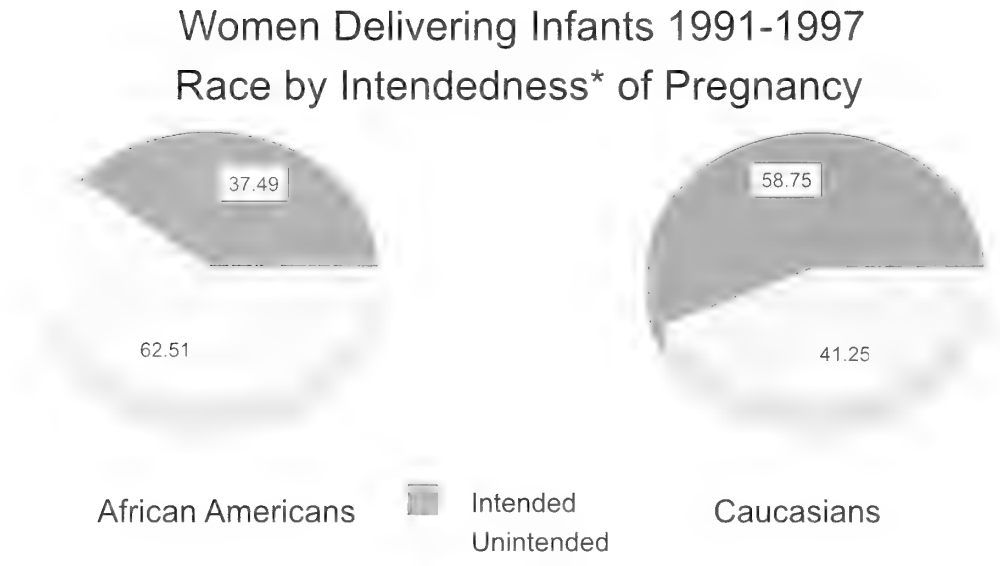
Figure 10

PRAMS Data on Women Delivering Infants 1991-1997
Race by Medicaid Before Pregnancy



Of all African American births, 38.3 percent were to mothers who were Medicaid recipients before pregnancy and 61.6 percent were to mothers who were not Medicaid recipients before pregnancy, compared to 21.6 and 78.4 percent of Caucasians mothers, respectively.

Figure 11



*Intended defined as "wanted to be pregnant then or sooner.
Unintended defined as "wanted to be pregnant later or not at all."

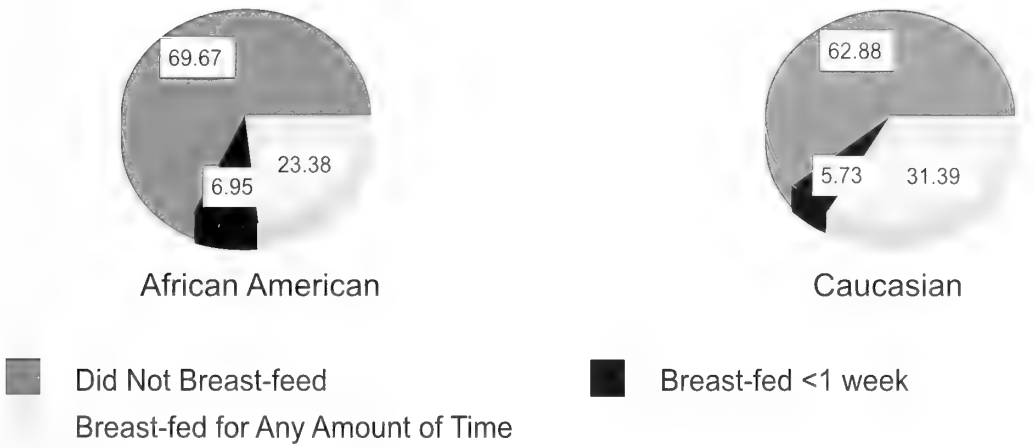
Source of West Virginia Data: PRAMS

Of all African American births, 37.5 percent were intended and 62.5 percent were unintended, compared to 58.8 and 41.2 percent, respectively for Caucasians.

Figure 12

PRAMS Data on Women Delivering Infants 1991-1997

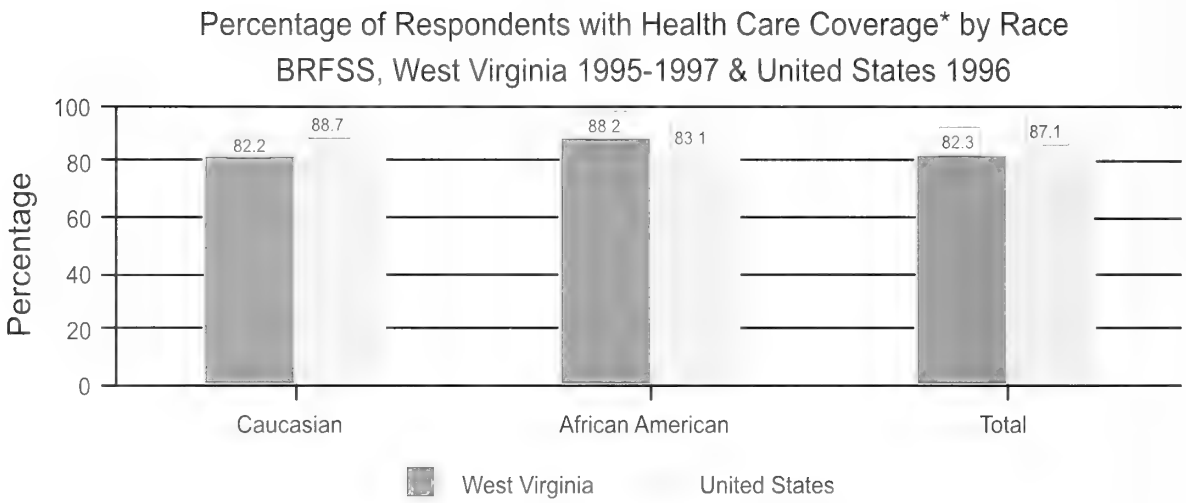
Race by Breast-feeding



Of all African American births, 69.7 percent were to mothers who did not breast-feed their infants, 7.0 percent were to mothers who breast-fed less than one week, and 23.4 percent were to mothers who did breast-feed for any amount of time. Of all Caucasian births, 62.9 percent were to mothers who did not breast-feed their infants, 5.7 percent were to mothers who breast-fed less than one week, and 31.4 percent were to mothers who did breast-feed for any amount of time among Caucasians.

III. Behavioral Risk Factors

Figure 13

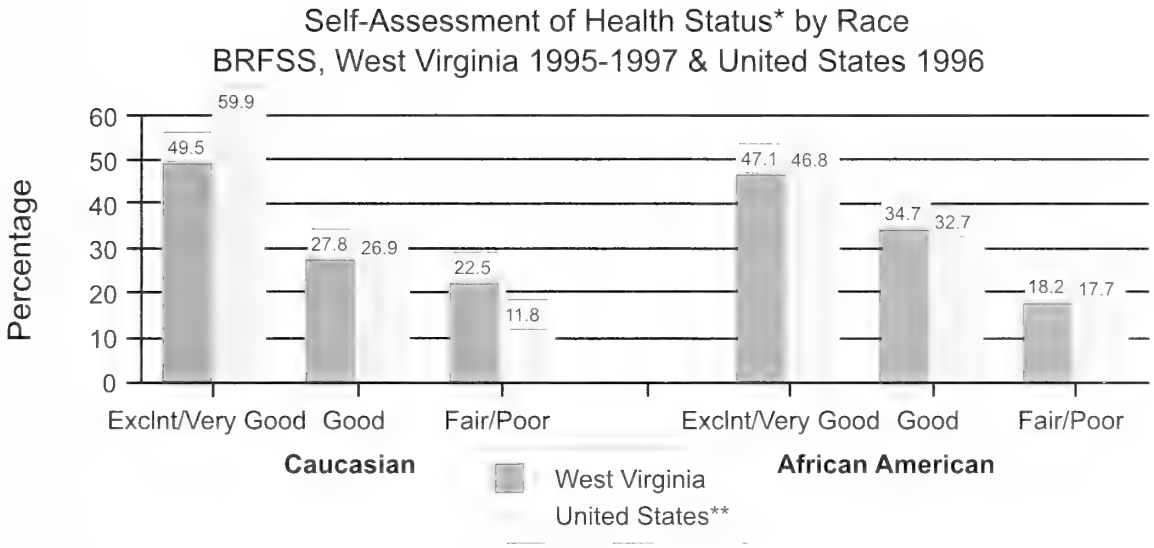


*Answered yes to question "Do you have any kind of health care coverage?"

BRFSS = Behavioral Risk Factor Surveillance System

This graph illustrates the percentage of respondents who said "yes" to the question "Do you have any kind of health care coverage?" A slightly higher percentage of African Americans who were interviewed in West Virginia from 1992-96 (88.2 percent) said yes, compared to the 1996 national average (83.1 percent), while a slightly lower percentage of Caucasians in West Virginia (82.2 percent) answered yes, compared to their counterparts nationally (88.7 percent).

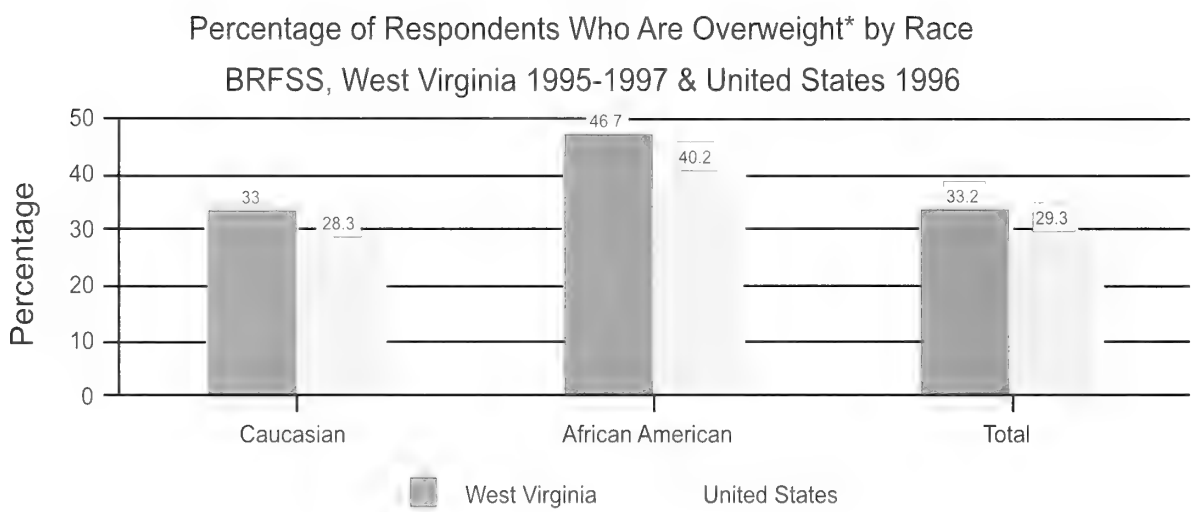
Figure 14



*Answer to question "How is your general health?"
**U.S. percentages do not add to 100% due to unknown responses.

This graph illustrates 1992-96 responses to the Behavioral Risk Factor Survey question "How is your general health?": excellent/very good, good, and fair/poor. African Americans in West Virginia and the United States responded similarly, with 47.1 percent and 46.8 percent of African Americans in the state and nation, respectively, characterizing their health as excellent, very good or good.

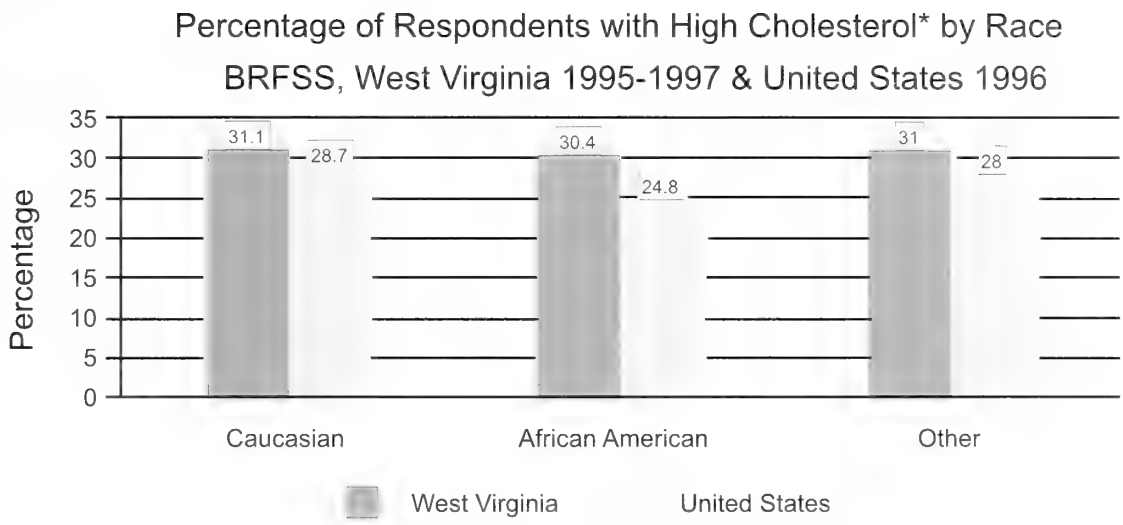
Figure 15



*Based on body mass index

The percentage of African American respondents in West Virginia from 1992-96 who were overweight was markedly higher (46.7 percent) than both the percentage of Caucasians in West Virginia (33 percent) and the percentage of African Americans nationwide in 1996 (40.2 percent).

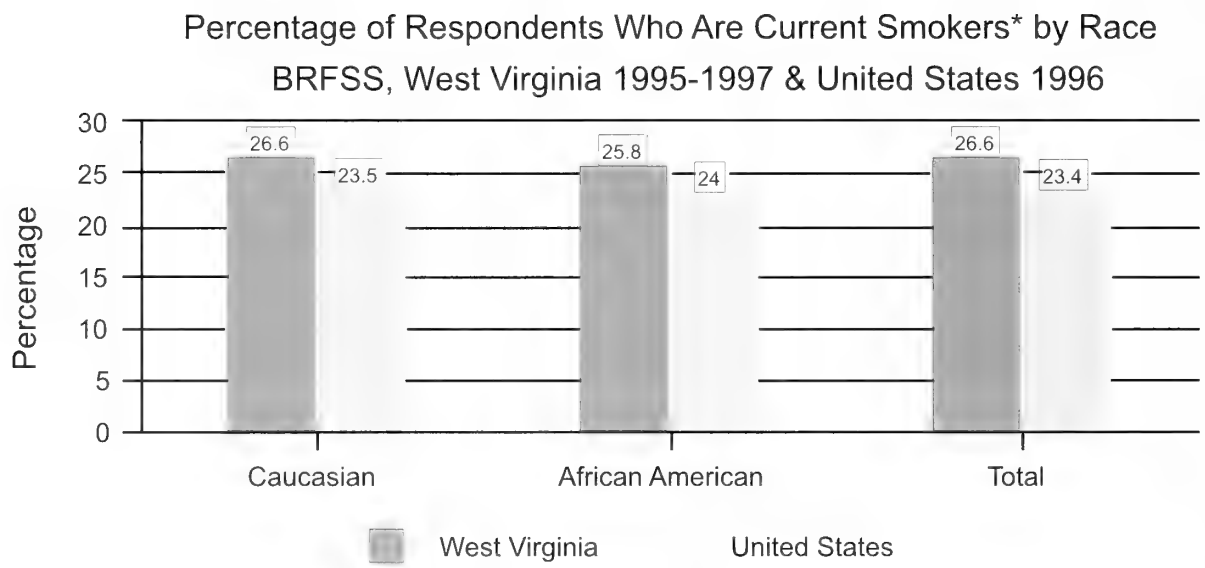
Figure 16



*Answered yes to question "Have you ever been told by a doctor or other health professional that your blood cholesterol is high?"

This graph illustrates the percentage of respondents from 1992-96 who answered "yes" to the question "Have you ever been told by a doctor or other health professional that your blood cholesterol is high?" Higher percentages of both African American and Caucasian respondents in West Virginia said yes than their counterparts in the U.S. as a whole.

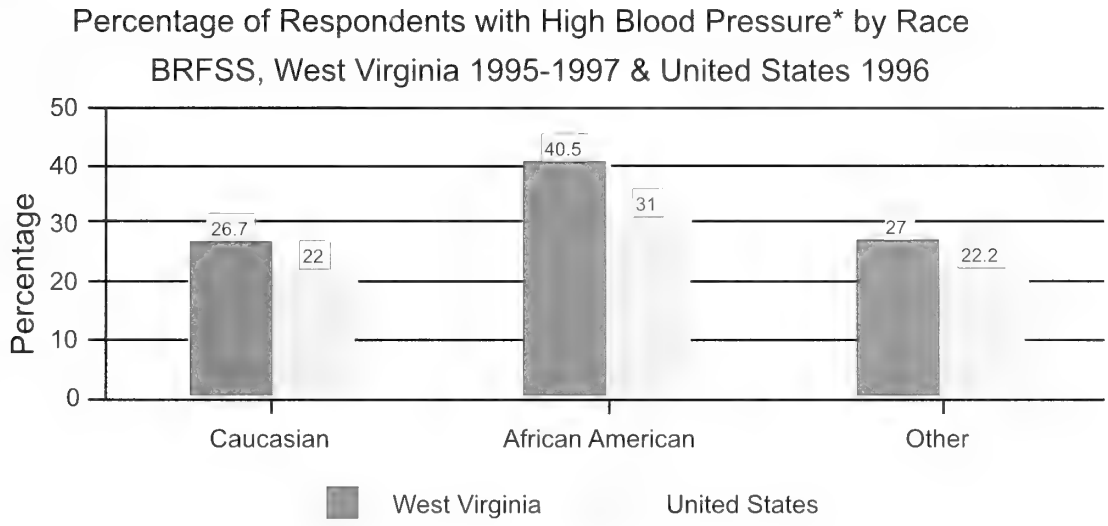
Figure 17



*Answered yes to question "Do you smoke cigarettes now?"

Both African American and Caucasian respondents in West Virginia were more likely to report that they were current smokers than in the nation. Across the board, responses varied little by race.

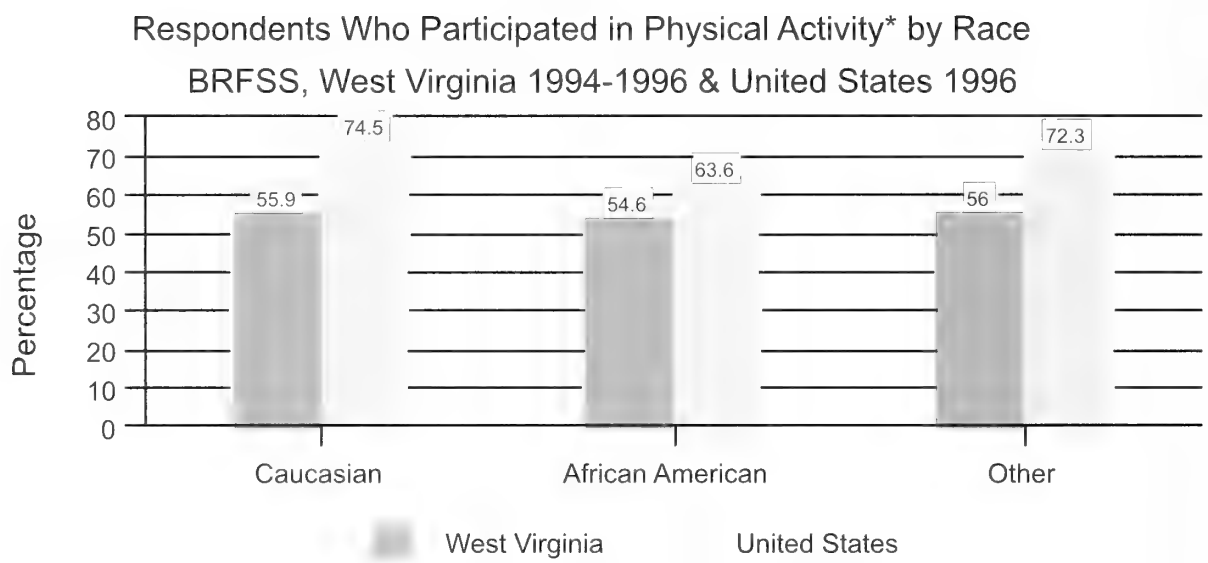
Figure 18



*Answered yes to question "Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?"

African American respondents interviewed from 1992-96 in West Virginia were more likely (40.5 percent) to report having high blood pressure than either Caucasians in West Virginia (26.7 percent) or African Americans in the nation as a whole (31 percent).

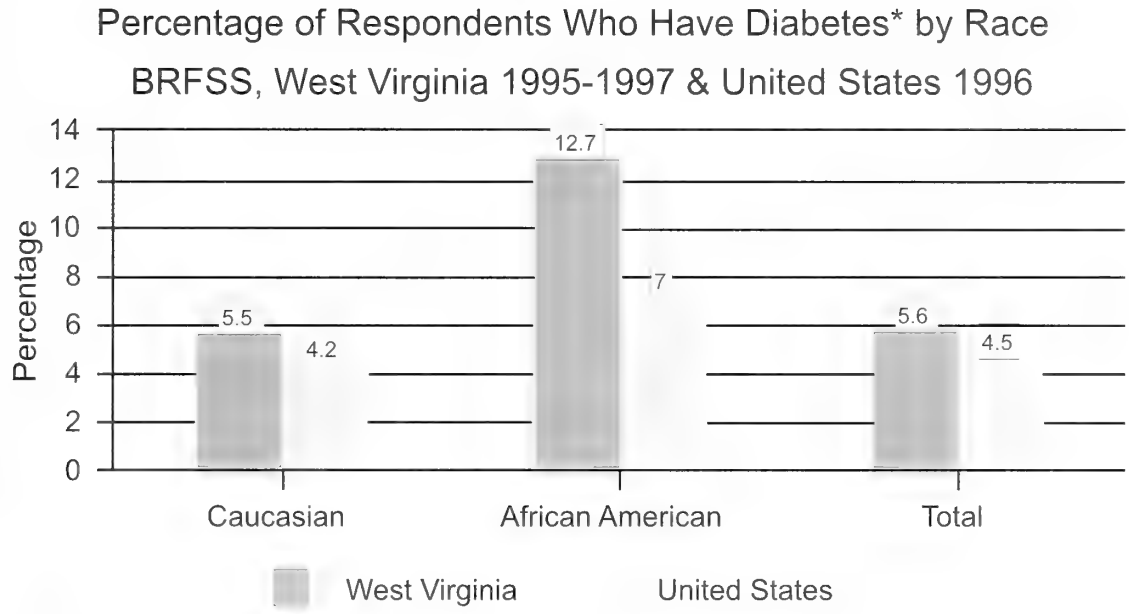
Figure 19



*Answered yes to question "During the past month, did you participate in any physical activities?"

The percentage of respondents in West Virginia who said that they had participated in any physical activity during the month prior to their interview was similar by race (54.6 percent of African Americans vs. 55.9 percent of Caucasians). However, both populations were less likely to have been physically active than their counterparts nationally.

Figure 20



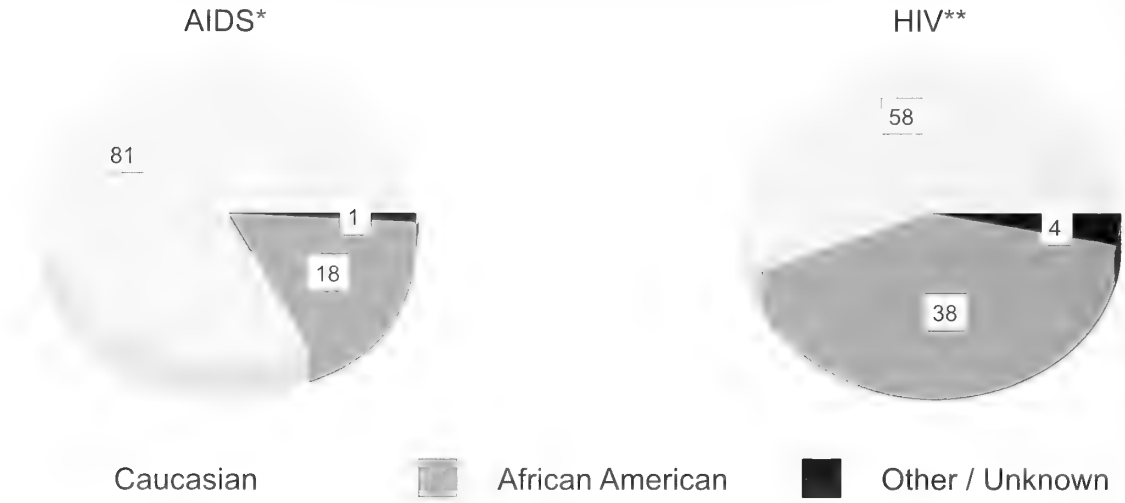
*Answered yes to question "Have you ever been told by a doctor or other health professional that you have diabetes?"

The percentage of respondents in West Virginia who said that they had been told by a doctor or other health professional that they had diabetes was disproportionately higher for African Americans (12.7 percent) compared to African Americans in the United States (7 percent) and for Caucasians in West Virginia (5.5 percent)

IV. Morbidity and Mortality

Figure 21

Percentage of Reported AIDS & HIV Cases by Race
West Virginia Residents (at Time of Diagnosis)



*AIDS cases from 4/84 through 12/97.
**HIV cases from 1/89 through 12/97.
[Individuals are included in either HIV or AIDS data, but not both.]

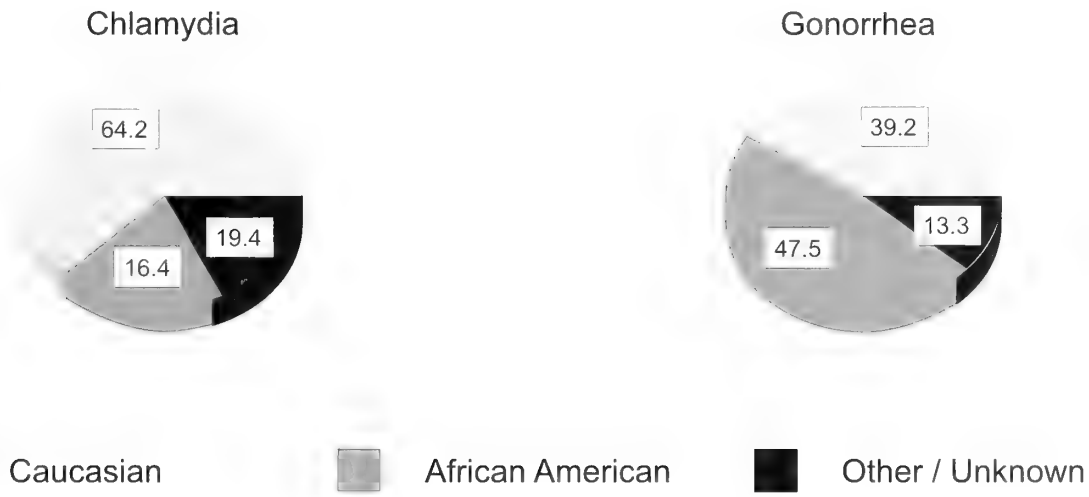
Source of West Virginia Data: Division of Surveillance and Disease Control.

Eighteen (18) percent of reported AIDS cases in West Virginia from April 1984 through December 1997 were among African Americans. This is markedly higher than their proportion of the population as a whole (3.1 percent). In addition, African Americans were 38 percent of all reported HIV cases from January 1989 through December 1997.

The Centers for Disease Control and Prevention estimates that at least 33 percent of Americans who are HIV infected are unaware of their infection because they have not been tested.

Figure 22

Percentage of Chlamydia & Gonorrhea Cases by Race
West Virginia Residents 1994-1997

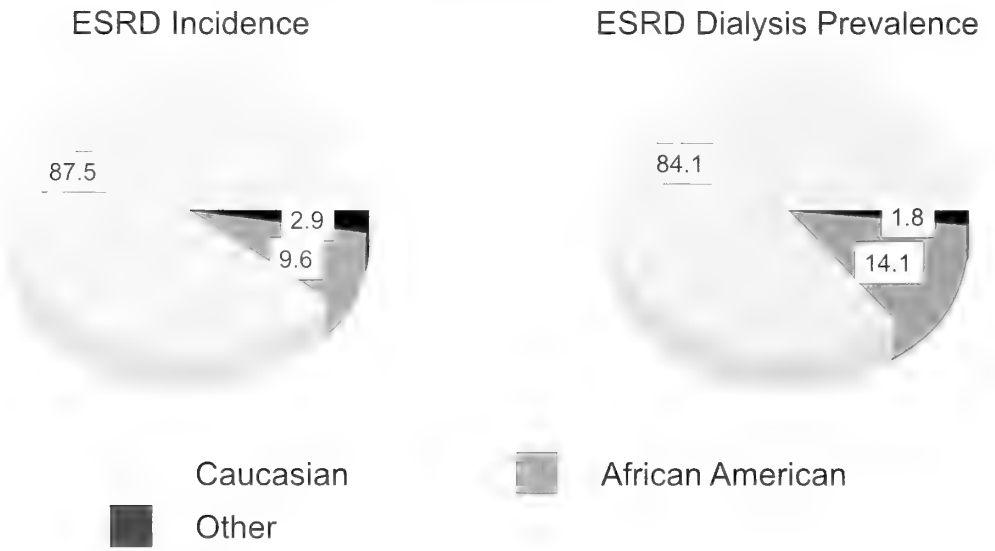


Source of West Virginia Data: Division of Surveillance and Disease Control

The percentages of chlamydia and gonorrhea cases in the state represented by African Americans are also disproportionately higher than their population size. African Americans were 16.4 percent of all cases of chlamydia and 47.5 percent of all cases of gonorrhea from 1994 through 1997.

Figure 23

Percentage of ESRD* Incidence and ESRD* Dialysis Prevalence
By Race, West Virginia 1997



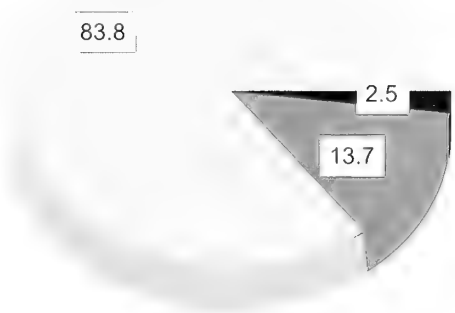
*End Stage Renal Disease
Incidence is the number of new cases of ESRD diagnosed in 1997 (545).
Prevalence is the total number of ESRD dialysis patients in WV in 1997 (1,173).

Source of West Virginia Data: Mid-Atlantic Renal Coalition (MARC)

Diabetes is the major cause of end-stage renal disease. African Americans in West Virginia are disproportionately represented in the cases of end-stage renal disease, also known as kidney failure. African Americans are 9.6 percent of new cases of end stage renal disease and 14.1 percent of the total number of dialysis cases.

Figure 24

Percentage of Dialysis Patient Mortality* by Race
West Virginia 1996



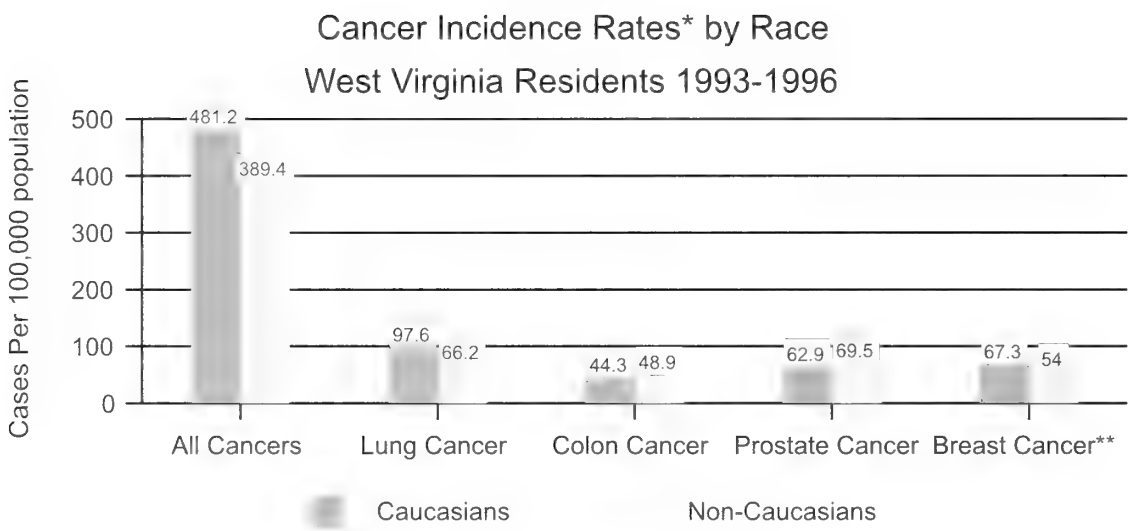
Caucasians African Americans Other

*Based on a total of 365 deaths in 1996

Source of West Virginia Data: Mid-Atlantic Renal Coalition (MARC)

Dialysis is the primary treatment of people with end-stage renal disease (kidney failure). African Americans are disproportionately represented (13.7 percent) among dialysis patients who died in 1996.

Figure 25

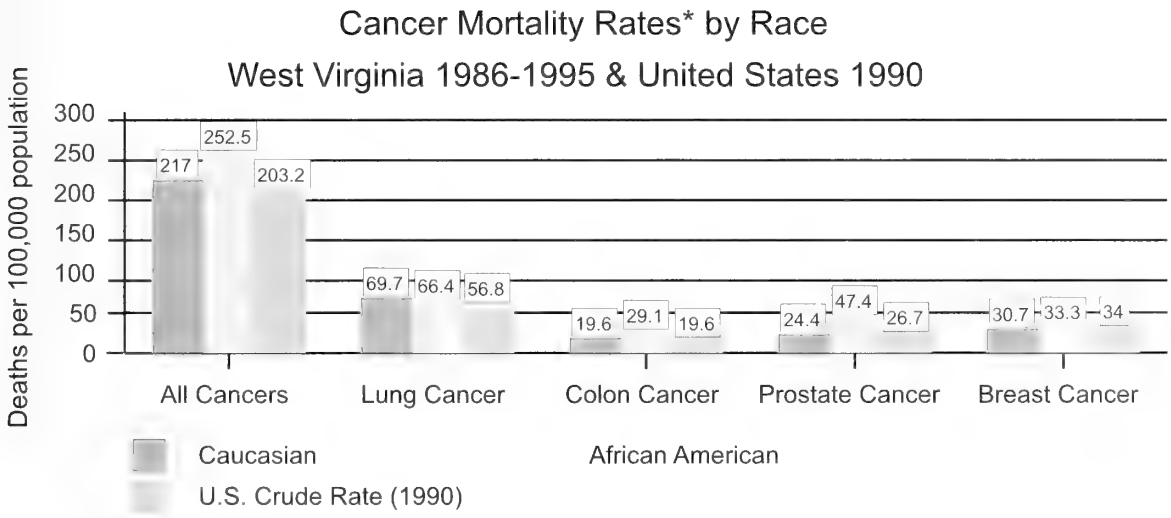


*Crude rates
**1991-96

Source of West Virginia Data: Mid-Atlantic Renal Coalition (MARC)

The incidence rate for all cancers from 1993-96 was lower for non-Caucasians than Caucasians in West Virginia. However, the incidence rates for colon and prostate cancer were slightly higher for nonwhites (48.9 and 69.5 cases per 100,000 population, respectively).

Figure 26

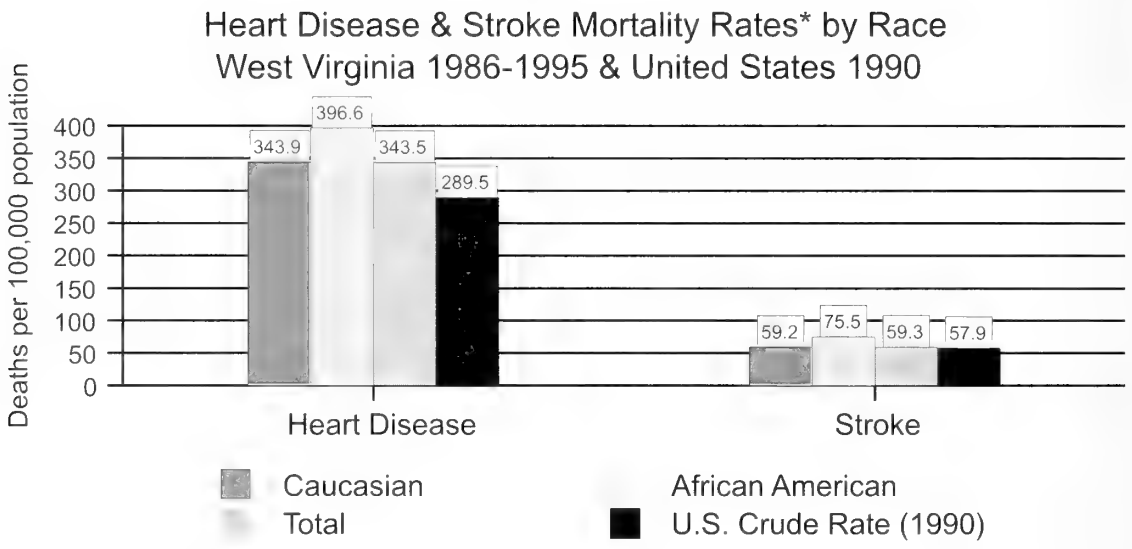


*West Virginia rates are adjusted by age and sex to the 1990 U.S. population distribution.

Source of West Virginia Data: Division of Surveillance and Disease Control

The 1986-95 death rate for all cancers was higher for African Americans compared to Caucasians. The death rate for prostate cancer was disproportionately higher for African Americans (47.4 deaths per 100,000 population) compared to Caucasians (24.4 deaths per 100,000 population) in West Virginia, as well as to the U.S. crude rate (26.7 deaths per 100,000 population).

Figure 27

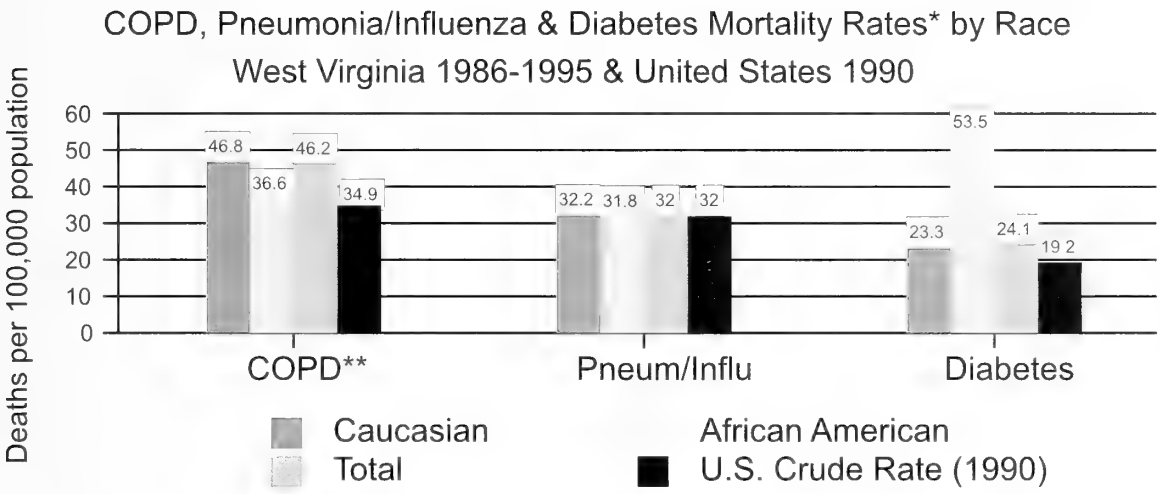


*WV rates are age/sex adjusted to the 1990 U.S. population

Source of West Virginia Data: Vital Statistics

The death rates for heart disease and stroke from 1986-95 were higher among African Americans in West Virginia (396.6 and 75.5 deaths per 100,000 population, respectively) than among Caucasians (343.9 and 59.2, respectively).

Figure 28

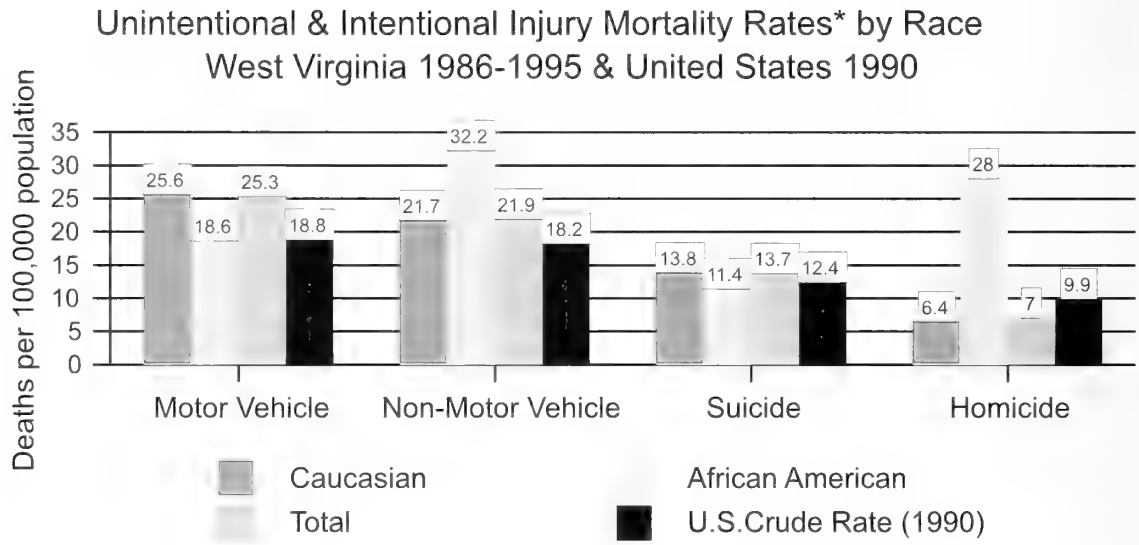


*WV rates are age/sex adjusted to the 1990 U.S. population
**Chronic Obstructive Pulmonary Disease

Source of West Virginia Data: Vital Statistics.

The death rates for chronic obstructive pulmonary disease and pneumonia/influenza were lower among African Americans in West Virginia (36.6 and 31.8 deaths per 100,000 population, respectively) than among Caucasians (46.8 and 32.2, respectively). However, the diabetes death rate was markedly higher for African Americans at 53.5 deaths per 100,000 population, compared to 23.3 for Caucasians.

Figure 29

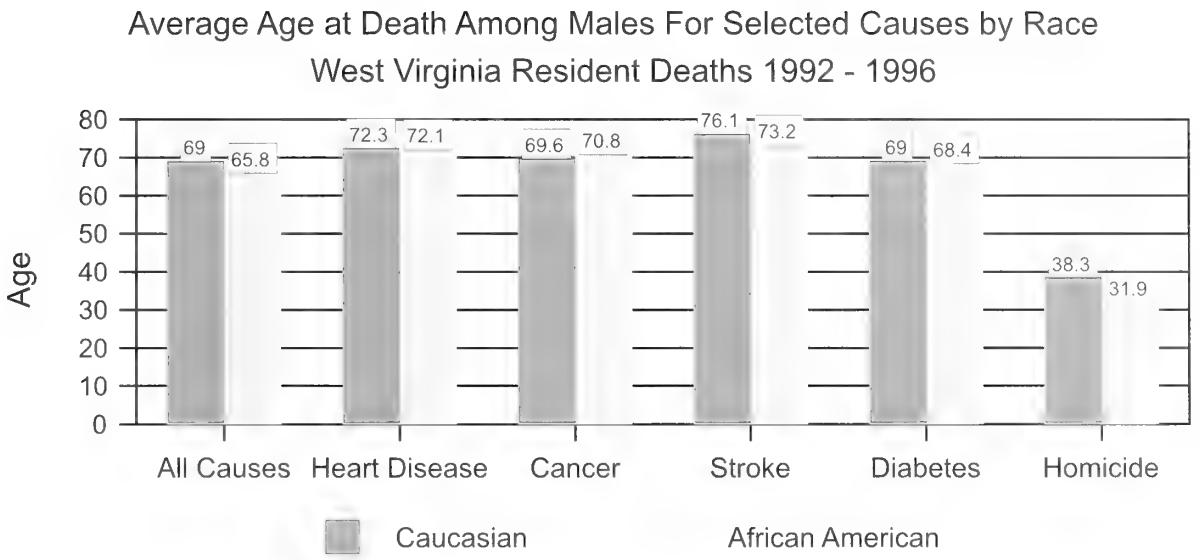


*WV rates are age/sex adjusted to the 1990 U.S. population

Source of West Virginia Data: Vital Statistics.

Among unintentional injuries mortality from 1986-95, African Americans had a higher death rate for non-motor vehicle injuries than Caucasians (32.2 deaths per 100,000 population vs. 21.7). Among intentional injuries, the death rate for homicide was disproportionately higher among African Americans at 28.0 deaths per 100,000 population, compared to 6.4 for Caucasians.

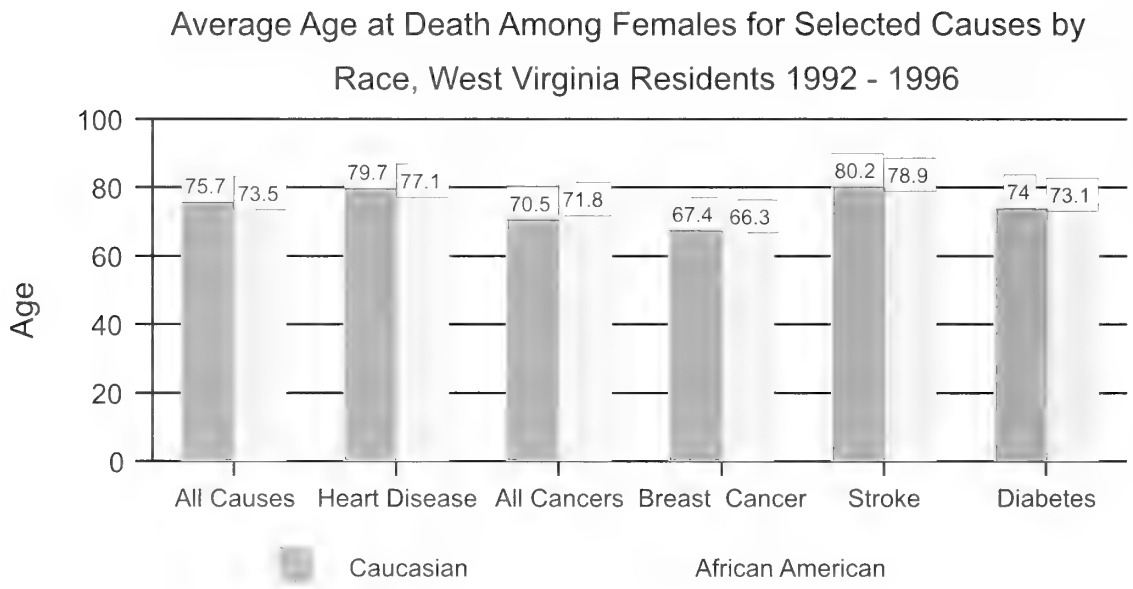
Figure 30



Source of West Virginia Data: Vital Statistics.

The average age at death for all causes of death from 1992-96 among males was lower for African Americans (65.8) than for Caucasians (69). The cause of death with the youngest average age at death was homicide for both Caucasian and African American males (38.3 and 31.9, respectively).

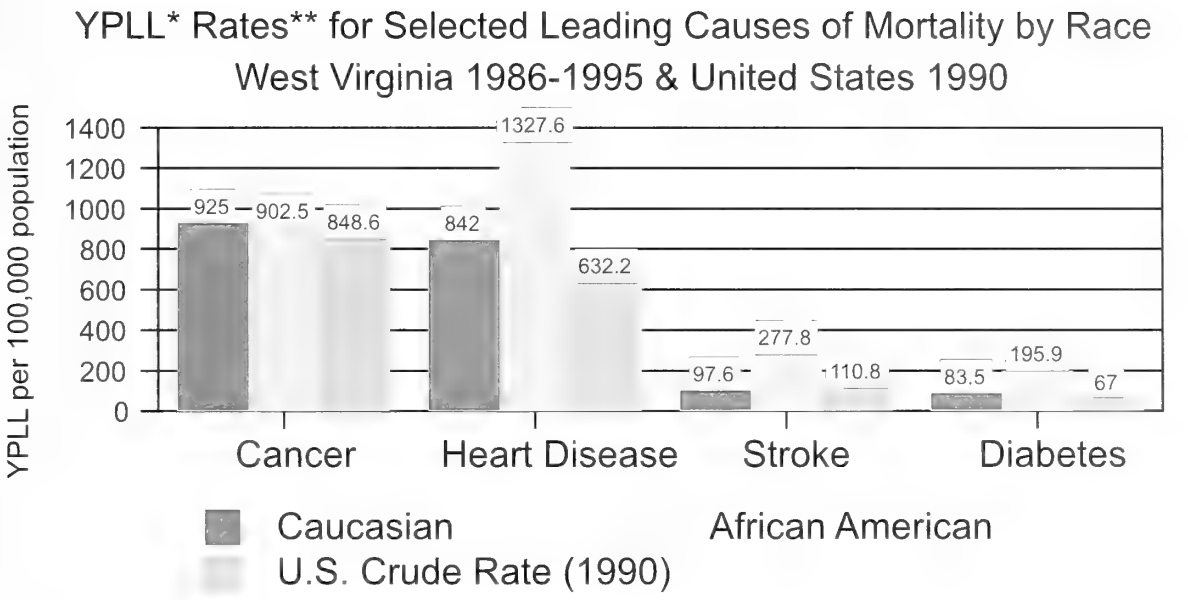
Figure 31



Source of West Virginia Data: Vital Statistics.

The average age at death for all causes of death among females was slightly lower for African American females (73.5) than for Caucasian females (75.7). The cause of death with the youngest average age at death was breast cancer for both Caucasian and African American females (67.4 and 66.3, respectively).

Figure 32

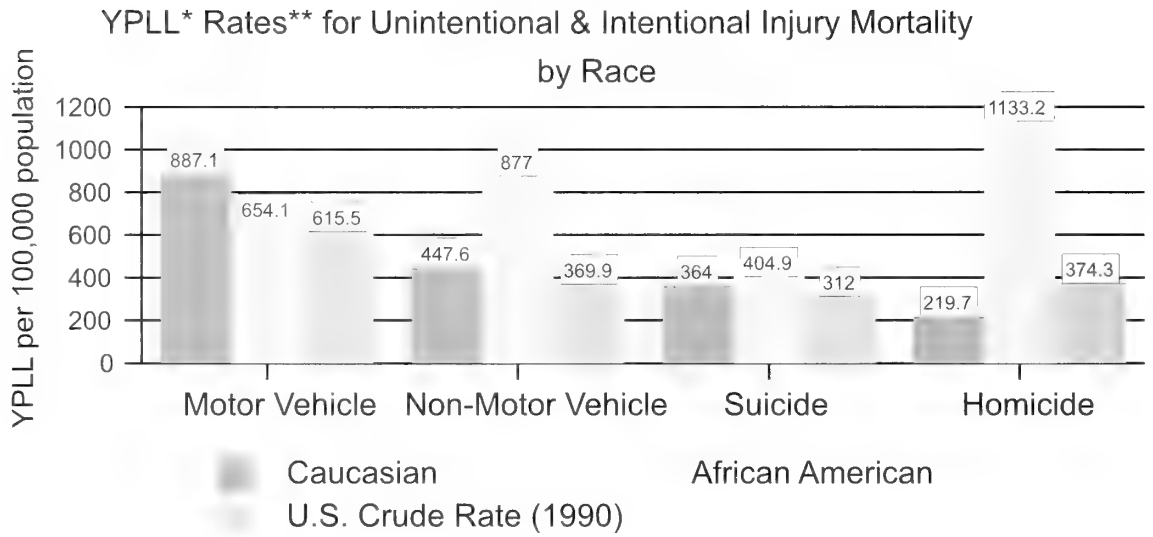


*Years of Potential Life Lost before age 65
**WV rates are age/sex adjusted to 1990 U.S. population.

Source of West Virginia Data: Vital Statistics.

The rates of years of potential life lost before age 65 (YPLL) for cancer, heart disease, stroke and diabetes from 1986-95 were higher for African Americans compared to Caucasians in West Virginia (and were also higher than the U.S. crude rate for all four causes). The largest gap between the rates for African Americans and Caucasians was in YPLL due to heart disease.

Figure 33



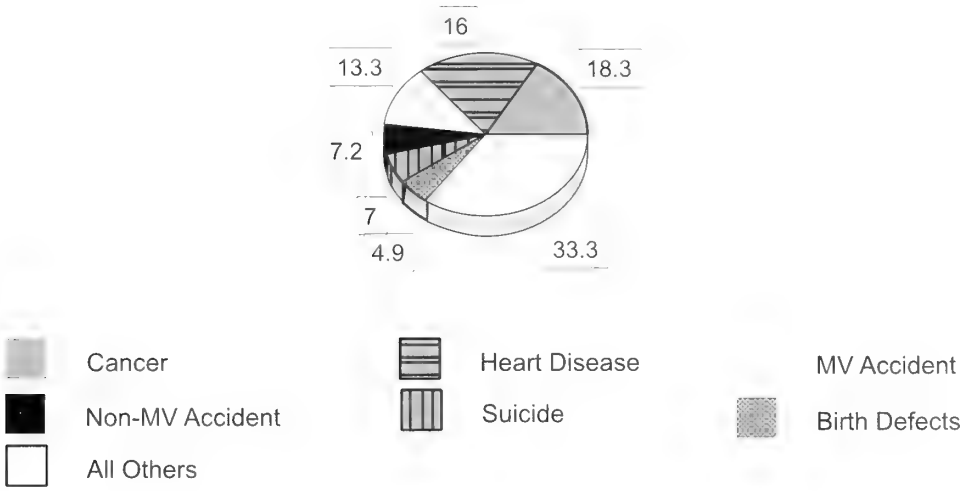
*Years of Potential Life Lost before age 65
**WV rates are age/sex adjusted to 1990 U.S. population.

Source of West Virginia Data: Vital Statistics.

The rates of years of potential life lost before age 65 from 1986-95 were disproportionately higher for African Americans for deaths due to non-motor vehicle unintentional injuries and homicides.

Figure 34

Distribution of Leading Causes of YPLL* Among Whites
West Virginia Resident Deaths 1992-1996



*Years of potential life lost before age 65

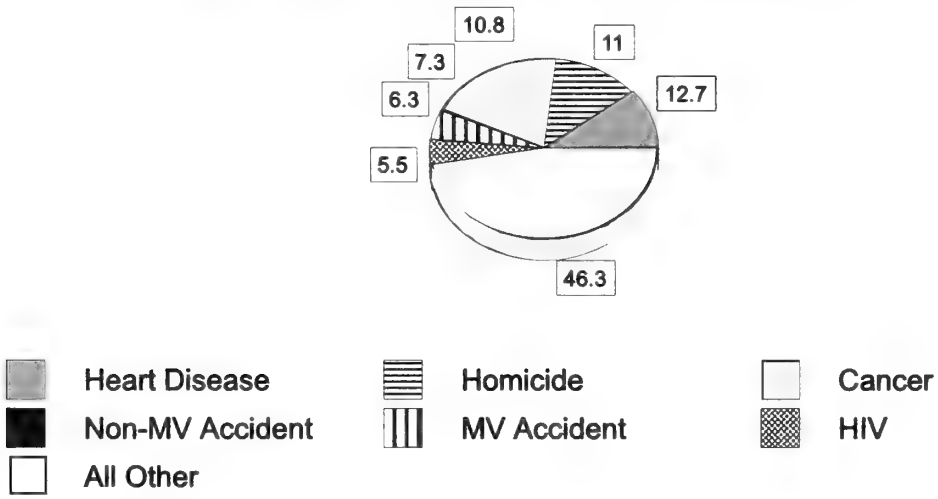
Source of West Virginia Data: Vital Statistics.

The six leading causes of years of potential life lost before age 65 among Caucasians from 1986-95 were

1. Cancer
2. Heart Disease
3. Motor Vehicle Accidents
4. Non-Motor Vehicle Accidents
5. Suicide
6. Birth Defects

Figure 35

Distribution of Leading Causes of YPLL* Among African Americans
West Virginia Resident Deaths 1992-1996



*Years of potential life lost before age 65

Source of West Virginia Data: Vital Statistics.

The six leading causes of years of potential life lost before age 65 among African Americans from 1986-95 were

1. Heart Disease
2. Homicide
3. Cancer
4. Non-Motor Vehicle Accidents
5. Motor Vehicle Accidents
6. HIV

VI. Appendix

Maternal and Child Health. The 1992-96 West Virginia fertility rates presented in this report were calculated by applying 1990 age, sex and race distributions to the 1994 population estimates provided by the Bureau of the Census, U.S. Department of Commerce. (Nineteen ninety-four was chosen as the reference population because that year represented the midpoint of the five-year range of aggregated birth data.) U.S. natality and infant death data were provided by "Births and Deaths: United States, 1996," National Center for Health Statistics, *Monthly Vital Statistics Report*, Vol. 46, No. 1, Supplement 2, September 11, 1997. U.S. breakdowns for fertility rates and marital status were available only for Caucasian, African American and Hispanic origin, so no comparisons could be made for other races. In Figure 8, the overall U.S. percentage of births to unmarried mothers is higher than the overall West Virginia percentage, even though the state rates for both Caucasian and African American mothers are higher than the corresponding U.S. rates, due to a national rate of 40.9% among Hispanic mothers. The number of infant deaths among West Virginia residents of other races was too small to allow a valid comparison.

West Virginia PRAMS Research Project. West Virginia is one of 16 states participating in the Pregnancy Risk Assessment Monitoring System (PRAMS) Research Project. The funding for the PRAMS project is provided through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) and the West Virginia Office of Maternal and Child Health's Division of Research, Evaluation and Planning. West Virginia, in conjunction with the CDC, began the PRAMS project in 1988. West Virginia PRAMS is a population-based sample survey with ongoing mail and telephone contacts that obtain information from new mothers shortly after they deliver. Approximately 2,000 mothers are randomly sampled from the West Virginia Birth Certificate Registry each year. After statistical weights are applied, inferences can be made about the health of the entire population of mothers and infants in West Virginia. Because of the relatively small numbers of minority respondents interviewed, seven years of data were aggregated. The PRAMS data in this document reflect births to West Virginia women occurring between the years of 1991 and 1997.

Behavioral Risk Factors. All data presented in this section were collected by the Behavioral Risk Factor Surveillance System (BRFSS), a random telephone survey designed by the U.S. Centers for Disease Control and Prevention to allow states to monitor health behaviors among their adult residents over time. Beginning 1984 with 15 states (of which West Virginia was one), by 1994, all states, the District of Columbia, and three territories were participating in the survey.

Because of the relatively small numbers of minority respondents interviewed in West Virginia, two to three years of data (depending on the frequency with which the questions were asked) have been aggregated to permit valid comparisons. Only those survey questions that resulted in a minimum of 100 responses from each racial or ethnic group were included. Frequencies were consistently too small to allow comparisons with respondents of races or ethnicities other than Caucasian and African American . The U.S. prevalence represents the median value among the BRFSS participants and was obtained from the Division of Adult and Community

Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System Online Prevalence Data*, 1995-1996. U.S. totals include prevalence rates among Hispanic interviewees that are not shown in the
Comparisons provided in this report due to the small number of Hispanic respondents in West Virginia. However, because of the sizable number of Hispanic respondents nationwide, U.S. totals may not always fall in the range of values between rates depicted for Caucasian and African American respondents, as in Figure 47.

Morbidity and Mortality. Cancer incidence rates were obtained from the West Virginia Cancer Registry and represent crude rates, i.e., cases diagnosed among state residents from 1993 through 1996 per 100,000 population at risk. (Breast cancer data includes cases from 1991 and 1992 as well.) Rates were provided for Caucasian and non-white residents, with no breakdowns for African American and other races.

All state mortality rates included in this section were calculated using the 1990 census and adjusted by age and sex to the 1990 U.S. population distribution. (Nineteen ninety was chosen as the midpoint between 1986-95.) Only those causes of death for which there were a minimum of 100 deaths in each racial group were included, which eliminated any comparisons with residents of races other than Caucasian and African American because of insufficient numbers. The U.S. rates used for comparison purposes are 1990 crude rates obtained from the National Center for Health Statistics.

The reported cases of HIV and AIDS were obtained from the WV Division of Surveillance and Disease Control (DSDC). Data available are limited to HIV infection and AIDS case reports that have been gathered or received by the DSDC. They do not reflect HIV infections or AIDS cases that have gone undetected or that are not identifiable through active surveillance. Data are only as good as the completeness of reporting by providers. The HIV reported data are not as representative of the HIV population as are the AIDS reporting data of the population with AIDS. The Centers for Disease Control and Prevention estimates that at least 33 percent of Americans who are HIV infected are unaware of their infection because they have not been tested. Individuals are included in either HIV or AIDS data, but not both. HIV infection cases later reported with AIDS are deleted from HIV infection case reports and added to the AIDS case reports.

Years of potential life lost before age 65 (YPLL) is a measure of premature mortality that is calculated as the difference between the age of 65 and the age at death. For example, a person dying of lung cancer at the age of 45 contributes 20 years to the total YPLL for lung cancer (65 - 45 = 20). The sum of YPLL for a specific cause of death is the total YPLL from all persons dying from that cause before the age of 65. The rate of YPLL is the total number of years of potential life lost for a specific cause per 100,000 population. The U.S. YPLL rates are crude rates for 1990, obtained from the National Center for Health Statistics, and are
included for comparison purposes.

Minority Health Initiatives in West Virginia

Minority Health Program, Office of Rural Health Policy

The **mission** is...to act as a resource by assisting organizations, health care providers, government agencies and minority communities in decreasing morbidity and mortality, increasing general wellness and eliminating disparities in health status and access to quality medical care between racial and ethnic minority and non-minority populations in West Virginia.

The basic function is to provide leadership, technical assistance and coordination to assure that Bureau for Public Health programs and organizational projects are maximally effective in improving the health status of racial and ethnic minorities in West Virginia. **Contact Person:** Savolia Spottswood, M.S.- Program Coordinator, at 304-558-1327, e-mail: savolia@wvdhhr.org

WV Coalition for Minority Health

Established in 1995, the mission of the WV Coalition for Minority Health is to work to decrease morbidity and mortality and increase survival rates of minorities in West Virginia communities through education, prevention, early detection and access to medical services. **Contact Person:** Pamela Minimah - Chair, at 343-1130.

Community Voices Project, University System of West Virginia

Improving the access to quality health care for all uninsured and underserved West Virginians.

As one objective, this W. K. Kellogg funded project will focus on the health status of African Americans and bring the focus of minority health concerns to all programs overseen by the Bureau for Public Health in West Virginia. Other partners of the Community Voices Project are the Community Council of the Kanawha Valley and the Governor's Cabinet on Children and Families. **Contact Person:** Renate Pore, Ph.D. -Project Director, at 304-558-0530 or pore@scusco.wvnet.edu

McDowell County Minority Community Health Tug River Health Associates, Inc. Project

McDowell County has the largest proportion of minorities in West Virginia, 14%. The Project is designed to impact upon the health status of the African American population of McDowell County through education, outreach screening, case management and service linkage activities. The health issue areas of focus are cancer, cardiovascular disease/stroke and infant mortality. **Contact Person:** Carol Perfin -Project Coordinator, at 304-448-2101.

Healthy People 2000 Progress Review for African Americans in West Virginia

Objective	2000 Target	White	Black	Status of Objective
% Obesity	26%	33%	46.7%	Not met
% Breastfeeding Initiation	32.3%	31.4%	23.4%	Not met
% Unintended Pregnancy	30%	41.3%	62.5%	Not met
15-17 Pregnancy Contained	50/1,000	51.9	76.5	Not met
% Low Birth Weight	5%	7.8%	12.8%	Not met
Infant Mortality	7/1,000 births	7.4	16.4	Not met
Heart Disease Deaths	300/100,000	343.3	396.6	Not met
Stroke Deaths	20/100,000	59.2	75.5	Not met
% Hypertension	15%	26.7%	40.5%	Not met
% Current Smokers	15%	26.6%	25.8%	Not met
Reduce Most Severe Complications of Diabetes	1.4/1,000 (ESRD)	.41 (ESRD)	2.8 (ESRD)	Not met

* 1996 data

Note: The objectives featured from WV Healthy People 2000 are those for which there were available data by race.

References

Epidemiologic Profile of HIV/AIDS in West Virginia 1998. WVDHHR, Bureau for Public Health, Office of Epidemiology and Health Promotion, Division of Surveillance and Disease Control, pages 1 - 2.

Population Estimates Race, and Hispanic Origin: July 1, 1997. Population Estimates Program, Population Division, U.S. Bureau of the Census, Washington, DC 20233.

Leigh, Wihelmina A. and Lindquist, Malinda A. "*Women of Color Health Data Book*," 1998.

Williams, David. *How Income, Race and Other Factors Influence Health*. Investigator Awards in Health Policy Research: Author Series. Issue Number 4, Volume 1, September 1998.

Printing Sponsor:

Printing of this publication was made possible by the WV Community Voices Project, a project of the University System of West Virginia. Funded by the W.K. Kellogg Foundation. Telephone: (304) 558-0530, FAX: (304) 558-0532, E-mail: Pore@scusco.wvnet.edu